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## ORIGINAL ARTICLES.

### THE TRUTH OF HOMŒOPATHY.

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The March number of the *North American Review* contains an essay on the "Fallacies of Homœopathy," by Prof. A. B. Palmer. It begins with a philosophical reflection upon the indifference of men to matters involving their bodily welfare, and ends with what must be termed a piece of enthusiastic vaticination.

It is certainly not encouraging to the opponents of homœopathy, that the whole argument of their latest champion is simply a paraphrase of the first diatribe against the doctrine of Hahnemann. And there would seem to be evidence that homœopathy has grown and flourished despite these stereotyped metaphysical dissertations upon the fallacies of homœopathy. Even in the boast of the essayist, that the "action of our government in establishing a sanitary commission, and the appointment of State boards of health," is evidence "that a happy change is taking place" from the former indifference of the public in matters pertaining to health," there is matter for more discouragement. This sanitary commission, appointed by the President and confirmed by vote of the Senate, has one homœopathic member, and would have had two but for the inadvertent omission of one name. All the State boards of health have a homœopathic representative, and some municipal boards are composed of a majority of homœopaths. These facts seem to indicate that, however powerful the argument against homœopathy may be, it has been of little effect in preventing the growth of the new school.

Again, the essayist is unhappy in referring to the long illness and final death of our President as one of the elements concerned in this awakening of general interest in the differences of the two schools. There is a lasting impression upon the minds of the American people that throughout this remarkable struggle for life the diagnosis and the prognosis of the regular attendants was wrong as to the former, and unreliable as to the latter. Although Dr. Boynton, the homœopathist, could do no more than look on in this case, the people soon learned to depend upon his words of warning and doubt, rather than upon the flattering and cheering utterances of the regular physicians in charge. Neither is the allusion to the case of the British premier more felicitous. Homœopathy, it is true, had failed to ward off impending death from the foremost man in England. Regular medicine was appealed to; was fairly tried, and signally failed. Since that day the leading British practitioners have made more or less positive avowals of their belief in the propriety of consultations between members of the two schools. Truly, there is much evidence that the public are beginning to take note of the relative efficiency of the regular practitioner and the homœopathist. It would appear, too, that in this sentiment of the English physicians, and in the recent action of the

New York Medical Society, in abrogating that clause in the code of ethics which prevents consultations with homœopaths, there is ground for the opinion that regular practitioners have come to regard their former conduct toward the followers of Hahnemann as "illiberal and unreasonable." They are merely confirming the opinion held by the "many," referred to by the essayist.

"It is inconsistent with the laws of character and the springs of human action, that the great mass of modern scientific physicians should be unwilling to accept any doctrine and use any means which, in their judgment, will tend to the accomplishment of their high purposes."

How it could be made practical to accept or reject an alleged fact which rests for its demonstration upon a feasible experiment, without repeating that experiment, is a problem which must also be left to "their judgment." Many practitioners of regular medicine have carried on persistent and extended experiments, with the original design of demonstrating the fallacy of Hahnemann's doctrine. But, up to this time, not one of them has made a report. The very simple and natural explanation is, that upon the very threshold of such experimental investigation they were confronted with the astounding phenomena which showed them, as by a flash of lightning from a midnight sky, the eternal truth which they had mistaken for a fallacy. Many of these men renounced the old school and bore testimony for the new. A few kept silence, and communed with the spirit of *similia* only in the seclusion of their closets.

The essayist expresses a sort of hypothetical surprise at the repugnance evinced by regular medicine toward homœopathy. "A large number of remedies," he says, "brought into notice by the so-called Thompsonians and Eclectics, have been investigated and adopted." This is true. But in a critical examination of all the modern allopathic works on *materia medica* and therapeutics, I am quite positive that I have never seen the name of any Thompsonian or Eclectic writer, nor mention of any Thompsonian or Eclectic work in the way of giving credit for original mention of "the large number of new remedies brought into notice by Thompsonians and Eclectics," and "investigated and adopted" by these gentlemen, "whose education and training have tended to excite in them a love of truth."

Nor is there much difference in the treatment to which Thompsonians, Eclectics, and Homœopaths have been subjected by investigators of the regular school, as a comparison of the works of Ringer and Bartholow with similar homœopathic works, will quickly convince even a casual reader. Looking at these undeniable facts, a perfectly just conclusion must place "the great mass of modern scientific physicians" in a position incompatible with a due amount of self-respect in "men whose education and training" had actually excited that love of truth extolled by Prof. Palmer.

The sketch of Hahnemann's life drawn by the essayist is meagre and faulty. That Hahnemann was "impressed with Mesmer's transcendental notions," "to the

extent of greatly influencing his after life," is a statement that will make those who are familiar with Hahnemann's writings smile. In all Hahnemann's writings proper, there is no more than mention of the slight therapeutic value of animal magnetism. There is only a casual reference to mesmerism.

An inexcusable error is made, in giving the year of Hahnemann's birth as 1775, instead of 1755. A mistake of 20 years, or one-fourth of the whole length of life of this eminent man, is indicative of the general carelessness of detail and recklessness of statement shown by Prof. Palmer throughout his criticism. That it is highly improbable that Hahnemann could have met Mesmer at Vienna is apparent from the fact that the propounder of the theory of animal magnetism graduated at Vienna in 1766, when Hahnemann was 11 years old—or, according to Prof. Palmer, nine years before Hahnemann was born. Mesmer, after finishing his medical course at Vienna, returned to Meersburg, Baden, and thence to Paris. Hahnemann went to Vienna in 1777 and remained there less than three months, during all of which time he was busy in a ward of the Leopoldstadt hospital. Mesmer had been banished from Vienna (before Hahnemann went to that city), and never returned to it, remaining in Paris till 1785, and then returning to his native town, where he lived in retirement until his death. Thus, it is quite plain that Hahnemann did not "meet the visionary Mesmer in Vienna," and was not "impressed with his and other transcendental notions," which did not much "influence his after life." But if Hahnemann had met Mesmer, the almost miraculous penetration that enabled him to weigh "Æsculapius in the balance" and find him wanting, would have aided him to the successful unmasking of the impostor Mesmer.

"After this career, during which, according to the statement of Dr. Dudgeon, editor of the *British Journal of Homœopathy*, he does not seem to have done much in the way of medical practice," in 1806 he published a pamphlet on the "Medicine of Experience."

If Dr. Dudgeon made such a statement, he did it without careful investigation. Hahnemann had the sole medical direction of one of the wards of the Leopoldstadt Hospital during the three months that he remained in Vienna. From Vienna he went to Hermanstadt, where he practiced two years, living with the family of the Governor of Transylvania. The physician of the "governor," in monarchies as well as republics, has no lack of business. He continued in active practice at Hettstadt, Dessau, and Dresden, where he rapidly acquired reputation as a physician and writer, up to the very moment in which he had finished his untiring search through all written medical works in the vain hope of finding, somewhere, teachings that would prove to be up to his high standard of perfection. It was in 1789 that he abandoned the practice of "regular medicine." He never abandoned his medical researches unto the day of his death. And when out of these researches he dragged to the light the doctrine of *similia* and had verified it, he at once began the practice of medicines again with an enthusiasm and determination that enabled him to withstand the persecutions of those gentlemen, the prototypes of that "great mass of modern scientific physicians," to whom I have before alluded. It is probably a part of that "education and training that tend to excite in them a love of truth," that also tend to excite in them an intense hatred of him who formulates a new theory in opposition to their own. In our beloved country these liberal minded gentlemen hunted down old Samuel Thompson—he from whose life-work the regular has "investigated and adopted" "a large number of new remedies." They enacted State laws against him, as they were doing at the very same moment against Hahnemann. They accused him of murder, and packed a jury to try him for his life, because one of his patients died. Surrounded by implacable foes, it is a lasting credit to the love of fair play

inherent in the Anglo-American bosom, that Samuel Thompson was triumphantly acquitted, after proving that in an equal number of cases his accuser had lost 10 patients to Thompson's one. And yet regular medicine has "investigated and adopted a large number of new remedies," first brought into notice by the Thompsonians and Eclectics, without acknowledging the source of their information.

That Hahnemann's classes "deserted him because of his bitter invectives against the doctrines of the dominant school" (which Prof. Palmer declares has now no doctrines) is something in the way of current news. Hahnemann's classes left him to practice medicine in various parts of Germany, where they or their students are to this day. Not one of his converts ever went back to the original belief in regular medicine.

The essayist arranges what he is pleased to call the "articles of the homœopathic creed" into nine classes, placing, providentially, *similia similibus curantur* at the head. Then follow in their order: "symptom prescribing," "infinitesimals," "triturations and dilutions," the "single remedy," "proving," the "mode of administering pellets" and the "psoric theory." He seems over-anxious to fasten upon homœopathy all these as inseparable parts of the "creed."

"If these do not constitute the homœopathic creed; if they do not include and represent the doctrines of homœopathy, then it is impossible to determine what that creed is, and what the doctrines of that system are."

I am not surprised at this candid confession. With the bits of history which I have just glanced at still fresh in my mind, I would be amazed if any champion of allopathy could tell what my creed is, even if he knew it as well as I. It will nevertheless be proper to repeat here that Hahnemann and all his followers to this day, acknowledged but one article of faith in the homœopathic creed, and this was and is *similia similibus curantur*. This was and is the beginning and the end of the homœopathic law. At this day, as in the day of the founder of homœopathy, the whole creed of homœopathy is:

"I do believe in the truth of *similia similibus curantur*, and practice in accordance with that law, so far as that law is applicable." He who repeats aloud this creed in good faith, is given the right hand of homœopathic fellowship. But Prof. Palmer confidently says:

"That they are the real homœopathic doctrines we shall show; we shall endeavor to point out their import, and it will be seen how impossible it is to accept them, or for scientific physicians to have professional relations with those who profess to believe and be governed by them."

In the vain effort to make a plausible argument against the doctrine of similars, Prof. Palmer, after admitting the difficulty of "proving a negative by a direct argument," says:

"It is too generally and positively known to be questioned, that *iodine* cures the goitre, *quinine* the ague, and *sulphur* the itch, while no conditions like these diseases are produced by these respective remedies."

Again, despite my extended examination of allopathic authorities on materia medica and therapeutics, I cannot call to mind any account of an elaborate series of trials of these drugs by "scientific physicians," with a view to ascertain to a certainty whether they can "produce conditions like these diseases." Homœopaths have made many such experiments, and have unanimously reported the production of "similar conditions" from the time that Hahnemann proved *cinchona* down to this day. But I had forgotten Samuel Thompson and the Eclectics. Before many days some "scientific physician"—one of "those whose education and training have tended to excite in them a love of truth" (oh, that the mere tendency should fall so far short of its legitimate culmination!), will introduce to the profession a new method of ascertaining the curative properties of

drugs by trial upon the healthy human being. Then will the profession, as one man, rise up, investigate, and adopt the new method—and credit it to Ringer or Bartholow or Wood.

The essayist displays himself a neophyte in the discussion of homœopathy by making a mountain out of the manner of the cure, and which Hahnemann saw as a mole-hill. He says:

"The simple fact is, that medicines, when they are curative, produce an effect different from the disease, and whatever resemblance may be imagined or may really exist between the effects of a remedy and the phenomena of the disease it modifies, the cure, if a cure is produced, is accomplished by the difference, and not by the similarity which exists between the effects of the remedy and the disease. No one has defined the degree of similarity between the remedy and the disease necessary for the operation of the alleged law. In similarity there is a difference, and it is too evident to require further statement, that by the difference the cure is effected."

If the essayist were sufficiently cognizant of Hahnemann's writings for the legitimate purposes of the conscientious reviewer, he would have left out this paragraph and the one that follows it. In Section 28 of the "Organon," p. 105, Hering's 4th Am. ed., Hahnemann makes the following straightforward declaration:

"As this therapeutic law of nature manifests itself in every accurate experiment and research, it consequently becomes an established fact, however unsatisfactory the scientific theory of the manner in which it takes place. I attach no value whatever to any explanation which could be given on this head."

The fact of the therapeutic law of similia is all that concerns homœopathic practitioners. Happily, it is all that concerns the sick. But by way of theorizing, I may assert, as the logical sequence of Prof. Palmer's theory, that the "cure is effected by the difference and not by the similarity;" that the greater the difference, the more rapid and perfect the cure. The cure of small-pox by a very similar disease—small-pox in the cow—is at once a striking illustration of the cure by the similarity and not by the difference, unless very small degrees of difference be sufficient to hinge an argument upon.

The three "leading homœopaths" who "have recently made admissions in the *Lancet* to the effect that the name 'homœopathy' was a misnomer and that medicines produce their curative effects by causing actions contrary to the diseases for which they are given," have thereby yielded no part of the question. Hahnemann, by the wonderful range of his mental vision, had seen and forestalled all such trivial questions. He declared that the truth of the law remained in spite of all explanations. Hahnemann, beyond a doubt, taught (as a theory to which he "attached no importance whatever") that a remedy cured, by substituting symptoms strongly resembling those of the disease but more *intense* than those of the primitive disease. Thus he held that the stronger, or more violent, medicinal disease substituted its own processes for those of the "natural disease," as Hahnemann termed those morbid manifestations which are to-day without a more appropriate general cognomen. The "similar remedy" is enabled to substitute its action for that of the disease because, by reason of its similarity, it acted upon the same organs and tissues that the disease concentrated its force upon. Which is the more rational view, even in mere theory? The allopathic view that remedies must set up processes in organs and tissues other than those in which the disease is at work, and illustrated by the universal practice of administering cathartics in diseases of the lungs, brain, liver, spleen, stomach, muscles, skin, nerves, etc.; or the homœopathic view that a remedy can only relieve the diseased lung by acting upon the pulmonary tissues themselves. Even in that theorizing for which Hahnemann cared not a jot, he was eminently logical as com-

pared with his allopathic opponent—even in this latter day of advanced thought and scientific attainments.

That Hahnemann believed or taught that progressive dilution tended to increase the strength of the preparation is amply refuted in section 284 of the "Organon," from which I have heretofore quoted.

"The effects of a dose are by no means diminished in the same proportion as the quantity of the medicinal substance is attenuated in the homœopathic practice. Eight drops of a tincture taken at once do not produce upon the human body four times the effect of a dose of two drops; they merely produce an effect that is nearly double. In the same manner the single drop of a mixture composed of one drop of a tincture and ten of a liquid void of all medicinal properties, does not produce ten times the effect that a drop ten times more attenuated would produce; but merely an effect that is scarcely double. The progression continues according to this law, so that a single drop of a dilution attenuated in the highest degree ought to, and does in fact, produce a very considerable effect."

This section remains unaltered through all the editions and revisions of the "Organon," and hence may be taken as Hahnemann's earliest and latest theory upon the effect of progressive dilutions upon the power of the drug to affect the human organism. The highest degree of attenuation here referred to was the tenth centesimal dilution or decillionth potency—and not the 30th centesimal, as almost all commentators upon Hahnemann's writings aver.

That the "three leading homœopaths" yet hold to the "claim of selecting medicines from the similarity of their effects to the symptoms of the disease shows that they wear the only badge of the true homœopathist across their breasts and on the outside. Hahnemann would have required no more of them than this. The American Institute of Homœopathy would admit them to membership upon such a declaration, backed by the formality of endorsement by the Board of Censors. Again our essayist flies in the face of easily established facts in the following reckless statement:

"A system resting upon so narrow a basis must topple to the ground—has, it is believed, already fallen. This conviction is confirmed by the fact, now so notorious, that in the practice of nearly all homœopaths the rule of similars is not observed in the selection of remedies."

The attentive reader will doubtless remember that Prof. Palmer has labored somewhat assiduously to show that the reason regular physicians hold themselves aloof from homœopaths is that the latter "practice an exclusive dogma." He now discovers that nearly all homœopaths have abandoned this exclusive dogma as a rule for the selection of remedies for diseases! I have little doubt that the American Medical Association will revoke the edict of non-intercourse with homœopaths so soon as Prof. Palmer's article shall have been generally read.

The essayist occupies several pages in the supererogatory work of proving that homœopaths prescribe for symptoms alone. No homœopathist denies that the totality of the symptoms of a case governs the selection of the remedy. This is because no other means have yet been discovered for the correct ante-mortem knowledge of the hidden processes of disease. And are not "scientific physicians" the most abject slaves to "symptoms"? Do they not prescribe anodynes without stint for the symptom pain? Do they not give *opium* for the symptom "diarrhœa"? Do they not give febrifuges for the symptom fever? Do they not give *quinine* for the symptom "periodicity"? Judged by his writings, there is no more abject caterer to symptoms than the modern allopathist.

Two pages of the article in question are given to a re-hash of Sir Jas. Simpson's mathematical speculations on the possibilities of dilution. The writer naively remarks that Sir James' "calculations were confirmed by



the mathematical professors of the University of Edinburgh." I had been impressed with the notion that a "scientific physician" would be grossly insulted at a proposition looking to the supervision, even in a confirmatory sense, of any work that he chose to do. I am glad to know that this great man took his slate up to the masters to have his "example" corrected or confirmed. But what mathematical problem was that which was thus so elaborately wrought out and so magisterially confirmed? It began with an "if." After saying that homeopaths do not dilute in the manner hypothesized, Sir James said "if they had or did"—a thing he declares impossible except in theory—there would be a drop of the medicine in a lake of water sixty-one nonillions of times larger than our earth!

Since Sir James Simpson and his emulator, Prof. Palmer, distinctly state that homeopathic pharmacology sedulously avoids such a method, and, on the contrary, only uses a few ounces of alcohol with which to make this same dilution, it would seem that this whole mathematical proceeding was a sort of learned facetiae designed to provoke the mirth of the gods.

To illustrate the careless and unmethodical style of the essayist, I shall compare two statements of "scientific determinations" which are used to overturn one of those theories to which Hahnemann "attached no importance whatever":

"Further, this doctrine of similars is followed by the doctrine of the specific action of medicines—that is, that certain medicinal articles have definite affinities with certain diseases. This view includes the ancient and exploded notion that diseases are distinct entities, or things by themselves, having a lodgment in the body. The homeopathic writers seem to regard diseases as material substances, having such qualities as attraction for particular remedies, or correspondence with certain principles in medicines. \* \* \* In the darkness of the past, diseases were regarded as evil spirits, to be exorcised or driven out by some opposing or attracting influences; and these 'relics of barbarism' seem to linger in some minds, as shown from the quotation" (from Hempel).

This paragraph is followed by other assertions to which I shall pay some attention. But the following quotation is from the closing paragraph, and inserted here for purposes of easy comparison:

"Modern science has demonstrated the cause of some diseases (as example, the relapsing fever in man and the 'splenic fever' and 'chicken cholera' in animals) to be organic parasitic poisons; and the general professional belief is, that all the specific diseases, such as cholera, malarial, typhoid, typhus, yellow, puerperal and the eruptive fevers are produced by zymotic or organic living poisons, and that the great curative remedies of the future will be *antidotes and eliminatives for their destruction and expulsion!* In view of the present state and drift of science, of the phenomenal character of diseases, the existence of specific causes, and the present and hoped-for discoveries of *antidotal and expelling remedies*, how absurd become the dreams of exclusive systems!"

According to Prof. Palmer, even modern science is driven to declare that there are "material substances" having lodgment in the living body, that constitute so essential an element of the disease that their "expulsion" is deemed pre-eminently necessary to the recovery of health. For my part, I am at a loss to discover the difference between these two theories, save that Hempel proposed to coax the "material substance" out of the body, and Prof. Palmer advocates its summary ejection, *vi et armis*, as it were.

Arguing against the truth of *similia* on the ground that it has made little progress among "regular physicians," the writer says:

"The system has urged its claims for the last eighty years, and up to the present time three generations of

medical men have come and gone, while not one educated physician out of one hundred has expressed views favorable to the dogmas we have been discussing."

I remember the history of one medical man and "educated physician" who expressed views favorable to the homeopathic dogma. He read a paper before the medical society of which he had been a member for two decades. He appealed to his brethren to bear with him, out of their friendship for him and their knowledge of his sincerity. But he had discovered the truth of *similia*, and, like an honest man—one whose "education and training had inclined him to a love of truth"—he could not but confess it. He was expelled from the association, not even being allowed the less ignominious alternative of resignation. There can be no doubt that the certain foreknowledge of a like fate in store for him has prevented every "educated physician" who has investigated the doctrine of *similia* from expressing "favorable views."

But the most charming ignorance of current events is displayed by Prof. Palmer in the statement that "some recent experiments, conducted by members of the homeopathic fraternity in the West, for the purpose of testing the ability to distinguish by their effects between medicated and unmedicated globules, are authentically reported to have resulted in a failure!"

I presume that he refers to the Milwaukee Test—although, from his indefiniteness of statement, one might reasonably conclude that this was an experiment of yesterday in some mushroom village of Nebraska or Colorado, instead of a two-years' old trial conducted almost wholly in the city of Milwaukee. That test proved exactly the converse of the proposition of the essayist. It is on imperishable record that all the globules medicated within the Hahnemannian limit produced symptoms enabling the prover to recognize the drug with which the pellets were medicated.

The paragraph on professional consultations is a piece of special pleading, having no logic back of it.

"The object of medical consultations is to benefit the patient—to secure for him, by exchange of opinions and by *mutual agreement*, the best course of treatment. It is too evident to require to be stated, that there can be no agreement between a regular physician, having any established professional views, and a sincere homeopathist."

Prof. Palmer has heretofore argued that the members of his school have no "established professional views" upon the subject of medicine. Certainly he would not intimate that "established professional views" on any other subject than the medication of the person in jeopardy could be allowed to interpose between the medical men and their patient. Prof. Palmer recognizes the hollow and superficial nature of consultations between members of his school. The public also are well aware that nothing but a change of *schools* will procure a change of treatment for the patient. The second allopathist is brought in merely to confirm the diagnosis, prognosis and treatment—merely to strengthen the waning confidence of patient and friends, and prevent the case from going into the hands of the homeopaths! The *agreement* for which the writer is ostensibly so anxious is a foregone conclusion. It is the height of unprofessional misconduct in the consulting allopathist to disagree with the physician in charge. Such a misdemeanor would be severely punished by the medical trades-union to which he belonged.

Speaking of one of the phenomena used to illustrate the doctrine of *similia*, Prof. Palmer says:

"One—the most plausible, and which has done much service—is based on the apparent analogy between the preventive influence of the vaccine disease over small-pox, and the alleged curative influence of medicines similar in their effects to the phenomena of the disease. Inoculation with its own virus produces a modified form of less severity. The vaccine virus which is that of small-pox, rendered much more mild by passing through



the body of the cow, has the effect to produce a still milder form of the disease, but one which usually prevents a second occurrence."

That the cow-pox and small-pox are identical is thus assumed in the most off-hand manner, and evidently with the design to weaken the above-mentioned argument for *similia*. This, however, is not taught by any medical authority. The cow-pox can only be communicated to man by inoculation. There is no evidence that small-pox of the cow is ever communicated to man by the breath or by other emanations from the cow. Cow-pox is a disease *similar* to small-pox but not at all identical with it. By its similarity it cures and prevents small-pox. That scarlatina is similar to measles in the same sense that cow-pox is similar to small-pox is an assertion that Prof. Palmer would be slow to make except in an argument against homeopathy. In one symptom alone is there a likeness—the eruption. The lesion of measles is not like that of scarlatina. Scarlatina affects the glands and tissues of the throat and the renal epithelium. Measles never affects any of these tissues, but confines its ravages to the respiratory mucous membrane. And yet the similarity of the eruption is sufficient to show the law of similars in that Prof. Palmer's school have recognized a conjoined disease which they have called *rubeola scarlatinosa*, which is much milder in all its symptoms and course than measles or scarlatina alone.

With his characteristic recklessness of statement, the essayist declares that medicines, unlike diseases, "when they do good are curative, not preventive." The very general use and recommendation by his school, of *quinine* as a prophylactic in malarial diseases, is a sufficient disproval of this assertion. But the essayist must himself have smiled at his own audacity when he penned the following paragraph:

"The only scientific fact which gives any show of plausibility to the doctrine of *similia similibus curantur* as even a subordinate law of cure, is that some medicines appear to have in small doses an effect opposite to what they manifest in large doses. The most conspicuous of such remedies is *ipécacuanha*, which in large doses produces vomiting, and in small ones sometimes allays that symptom. This occasional opposition of small and large doses is a fact for which the profession is not indebted to homeopathy. All that is known on this subject is the property of the regular profession."

How obtained? Was this property not acquired by the same process of adoption by which the Thompsonians and Eclectics have been cheated out of the honor of discovery of the new remedies before referred to? Is the regular profession a vast sponge to absorb everything around it and acknowledge no obligation? The remainder of the above quoted paragraph is so significant that I quote it entire.

"Whenever thought applicable, the principle" (of giving small doses of a drug to allay symptoms like those which large doses of the same drug produce—in other words *similia similibus curantur*) "is resorted to by regular physicians, and with perfect consistency, as they have no system of dogmas which confines them to any restricted practice, or which prevents them from prescribing any remedies, in any doses found or believed to be useful. A belief in the frequent application of this principle, and practice in accordance with that belief, even to what would be generally thought a very erroneous extent, would not deprive one of recognition by the regular profession. \* \* \* The adhesion to an absurd exclusive system, and the banding in a sect which denounces and seeks to destroy confidence in regular medicine is that which cannot be tolerated."

After all, it is not so much the practice of homeopathy to which Prof. Palmer objects. A great deal of that may be tolerated. But the "adhesion to the system," and above all the denunciation of regular medicine, is that which cannot be tolerated.

This is a bribe which regular medicine is just now holding out quite ostentatiously to homeopathy. If all

homeopaths will follow the example of the "three leading" gentlemen who have renounced the name that Hahnemann gave them, there is nothing left to prevent recognition by regular medicine. We may be permitted to select remedies upon the basis of the similarity of their effect in large doses to the disease we are trying to cure, or in any other manner we choose. Regular medicine has no convictions on this subject—no doctrines, no dogma. Anything in reason—and reason here means the reason of the individual, since there is no formulated creed to govern individuals.

This, in short, is the attitude of regular medicine toward homeopathy to-day. Renounce the name homeopathist, abjure the creed that makes your system exclusive, and cease denunciation of regular medicine and you may practice as you please without let or hindrance from regular medicine. But I venture the prediction that homeopathy will not be abandoned as a distinct organization until regular medicine make two more unequivocal concessions. One of these is the open acknowledgement of *similia similibus curantur* as the most generally available of all therapeutic maxims. The other is that to Hahnemann and his followers regular medicine is indebted for this newly acquired property of the regular profession. Having made these two concessions in good faith regular medicine will have solved the knotty problem which has for almost a century been a vexatious puzzle—how to destroy the homeopathic school. There will then be no longer use for separate organizations and separate schools of medicine. There will be taught in all schools the two prominent methods of our day—the palliative method of regular medicine and the curative method of homeopathy. Both methods are useful and even indispensable in their proper place. The curative method wherever applicable—the palliative method only when the curative method is inapplicable. These are the methods followed by Hahnemann and by all homeopaths to-day. Many allopaths are now following the path that leads to the same end. Presently regular medicine will officially recognize the new departure, and then will come the day of which Hahnemann prophesied—the millennium of medicine.

MAY IODIDE OF POTASSIUM EXCITE BRIGHT'S DISEASE?—In view of the very large doses which have been advised and are frequently administered in the treatment of syphilis, the question whether *Iodide of Potassium* may excite Bright's disease becomes one of considerable importance. In the *American Journal of the Medical Sciences* for July, 1881, Prof. I. Edmondson Atkinson, of the University of Maryland, calls attention to the large proportion of cases treated for advanced syphilis that present, after death, evidences of marked kidney disease; and, in this connection, to the fact that syphilitic renal disorder in its characteristic lesion, the gumma, is comparatively rare, while the forms the most frequently encountered are not in themselves syphilitic. In searching for a cause that might produce these changes quite independently of the syphilitic poison, Dr. Atkinson concludes that since *Iodide of Potassium* has decided diuretic action, and, as is known to clinical observers, may cause both albumen and casts to appear in the urine, the continuance of this remedy in some cases might lead to the changes observed. He therefore made a series of observations upon 70 cases of late syphilis, of which 19 presented evidences of renal alterations more or less grave. The relation existing between the administration of *Iodide* in these cases, and the appearance of mucous or hyaline casts and albuminuria, was quite evident; as in a number, the abnormal elements gradually disappeared after the cessation of the remedy. \* \* \* The author's conclusion is that while the evil effects of the *Iodide of Potassium* are small, and for the most part transitory, the occurrence of more severe alterations is not impossible—nay, is probable. To these evil effects some individuals are more susceptible than others.—*Ohio Med. Journal*.

## DELUSIONS OF THE INSANE.\*

BY SELDEN H. TALCOTT, M. D.

Dr. Blandford, in his lucid and eloquent work on "Insanity and its Treatment," says that a "delusion is a false belief in some fact, which, generally speaking, personally concerns the patient, of the falsity of which he cannot be persuaded, either by his own knowledge and experience, by the evidence of his senses, or by the demonstrations and declarations of others. A man thinks his head is made of brass, that he has a fire in his inside, that he is a beggar or a prince; and no amount of proof convinces him to the contrary."

This definition is clear and to the point. Delusions are multitudinous in number, and of the most diverse and opposite characters. They sweep the gamut of demoralized human passion. They fill the cup of their possessor with the gall of intensest sorrow, or they cause it to overflow with perpetual joy. They conjure up the gloomiest forebodings of future ill, or they arch the troubled sky with a rainbow of ecstatic hope. They plunge their victim into deepest hell of despair, or they bear him aloft to some heavenly elysium. Such are the diverse emotions and pathways of those who are given over to the baleful influence of insane delusions. A natural division of delusions may therefore be made under two heads, namely: delusions made manifest by mental exaltation, and delusions which conclude their effects by the production of profound mental depression. In either case the cause of delusion rests in some abnormal condition of the brain. The most marked delusions are those of the general paretic, whose tendencies to ideas of grandeur and exhaustless wealth are well known. In these cases there is a chronic inflammation of the meninges of the brain, with peculiar adhesions of the pia mater to the cortical substance. These adhesions are usually found upon the surface of the anterior and middle lobes of the brain. In mania, when the delusions are remarkably kaleidoscopic in their manifestations, there is usually an inflammatory condition of the blood vessels themselves, which condition, often varying, may account for the marvelous variations of mental action, and the development of protean-hued delusions. In melancholia there is greater fixedness of mental aberration than in mania; and there is also greater uniformity of pathological change; the usual conditions of the brain being those of passive venous congestion, or an exceedingly slow inflammation of the meninges. But we do not propose to discuss in full, in this paper, the pathology of delusions. On the contrary, we shall merely attempt to point out the rational and specific homœopathic treatment for patients who are thus afflicted.

To the homœopath these delusions are but the symptoms which come to the surface in the course of mental disease. Oftentimes they form the "chief characteristics" whereby we determine both the presence of insanity, and the proper drug which must be administered for the speedy and radical cure of the disease in hand. Owing to the vast diversity of delusions, it is often a puzzling question how to deal with them. No one remedy begins to cover the erratic and extended array of symptoms classed under the single head of delusions. Indeed, we have found the whole materia medica but a meagre armamentarium with which to combat this vagarious and multiple-sided foe. But that we might meet the enemy as successfully as possible, we have called out a "Gideon's Band" of delusion-producing, hence delusion-curing, remedies. This has been done particularly for our own use in every-day work, and, as a secondary consideration, for the benefit of our professional brethren engaged in a similar toil.

We present the remedies in alphabetical order, giving delusions produced by each drug, and, in some cases, a few of the closely associated concomitant symptoms. We have found this assortment of peculiar mental symptoms

of much service to ourselves in the treatment of the insane; and trust that a presentation of them, *en masse*, will not be altogether unprofitable to others.

*Aconite*.—The patient imagines that some part of his body is deformed, as a limb displaced, lips too thick, or features distorted. He knows nothing and has no conception of anything with his head, but feels that all operations of his mind take place in his stomach. Thinks he is driving sheep, while, in fact, he is lying in bed.

*Apis*.—Has an irresistible desire to run and jump; has a delusive belief that he cannot walk, but is obliged to run or hop (also *hellebore*).

*Actea rac.*—Apprehensions of going crazy; entertains unfounded suspicions of others; depressed, and impelled vaguely to suicide.

*Ethusa cyn.*—Imagines he sees cats and dogs all around him; (*bell.*, sees black dog). Saw rats run across the room.

*Alumina*.—Consciousness of personal identity confused. When he speaks or sees, thinks another does it for him; or he must be changed into some one else before he can see or speak. Desires to cut his throat, but fears death.

*Ambra gris.*—Makes grimaces because he feels himself impelled to do so. Distorted images and diabolical faces crowd upon his fancy.

*Anacardium*.—Thinks he hears voices of far-away friends. Feels that he has two wills; one commanding him to do what the other forbids. Tendency toward suicide by shooting (also *antimonium crudum*). Thinks there is a bier in the next room, where he or a friend is stretched.

*Arsenicum*.—Thinks friends have offended him, but cannot tell how. Sees an absent friend dead before him. Sees bugs and vermin crawling over his bed; seizes and throws away these bugs by handfuls; sees thieves in his room, and thinks the house is filled with thieves; tries to hide himself from them; wants to commit suicide by hanging; fears he will have to murder some one.

We find *arsenicum* a royal remedy for patients bent upon suicide by any means, provided the physical symptoms of the case coincide with the drug provings.

*Asarum*.—Imagines he is a spirit hovering in the air.

*Ant. crud.*—Decided disposition to shoot himself in the night; must leave his bed to rid himself of this unnatural tendency. Continual condition of ideal love and ecstatic longing for some ideal female being, which wholly fills his fancy.

*Aurum*.—Hallucinations of sight; sees a dog; sees a head on the wall, etc. Imagines he is unfit for this world; longs for death, which he contemplates with internal delight; imagines he has lost the affections of his friends.

The belief that "he has lost the affections of his friends," is, we think, the impelling cause which prompts the *aurum* patient to commit suicide. The *arsenicum* patient, on the contrary, commits suicide on account of his great bodily sufferings.

*Baptisia*.—Body seems scattered; tosses about to get the pieces together; cannot sleep because he thinks he cannot get his body together. Eyes red, pupils dilated, mouth dry, tongue coated, brown and very dry. Thirsty, but too apathetic to ask for a drink. Pulse accelerated and full, or slow and weak.

*Baryta carb.*—Great dread of men; imagines she is being laughed at and criticised. Thinks his legs are cut off, and that he is walking on his knees.

*Belladonna*.—Imagines he sees ghosts, hideous faces, and various insects, also monsters; wishes to drown himself; instead of eating, bit the spoon with which he was being fed, and growled and barked like a dog (also *canth.*); thinks he has suddenly become immensely rich, and owns magnificent mansions; thinks he is a juggler; wishes to run about the streets naked; sees a large black dog and a gallows before him; is much afraid of both; thinks he is surrounded by dogs; is afraid his living body will putrify; thinks his nose is transparent; thinks

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he sees a friend's head sticking out of the neck of a bottle; sleeplessness, dry hot head, conjunctiva injected; pulse strong, full, bounding; all movements are hurried and violent; thinks the time has come for her to die; tries to hang or drown herself.

*Berberis vulgaris*.—Everything looks twice its natural size. (*Platina*, everything looks small.)

*Bromine*.—Thinks strange persons are looking over her shoulder; everything seems to hop about her.

*Calc. carb.*—In delusion talks of fire, rats, mice, and murder, and entertains strange ideas concerning them.

*Carbo. veg.*—Desperate; wants to blow his brains out; want of memory; periodic, sudden loss of memory; could not recollect what he had just spoken, or what had just been told him.

*Cannabis Ind.*—Great exaggeration of everything; a few seconds seem ages; a few feet an immense distance; a piece of straw seems the trunk of a tree; sudden transition from one fantasy to another; visions of great sublimity are usually succeeded by those of a relaxing and enervating nature; hallucinations innumerable; feels as if top of head had opened and closed; also as if brain were boiling over.

*Cantharis*.—Furious delirium, with paroxysms of rage, with biting and barking like a dog (also *bell.*); symptoms always aggravated by the sight of water, or anything which glistens, always worse at night. The *canth.* patient generally suffers with strangury.

*Camphor*.—Imagines that everything said to him is intended to insult him; thinks his body is so light that instead of walking, he flies.

*Cauticum*.—Full of timorous fancies, with great hopelessness.

*Chamomilla*.—Imagines he hears voices of absent persons; is very irritable; moans and wrings her hands.

*Chelidonium*.—Thinks she has committed a terrible crime.

*Cicuta vir.*—Thinks himself a child again; sings, shouts, dances, plays with toys; confuses the past with the present.

*Cina*.—Sees imaginary things; screams and talks hurriedly; optical illusions in bright colors.

*China*.—On closing eyes sees persons; thinks himself tormented by everybody; suicidal; especially indicated after loss of blood, or other depletion.

*Clematis*.—Apprehension of some severe misfortune. (See also *magnesia carb.*)

*Cocculus*.—Absorbed in the contemplation of some unpleasant subject; time passes too quickly; hours seem but minutes. (Time too slow, *cannabis Ind.*)

*Crocus*.—Thinks she is at a concert and hears beautiful music.

*Cuprum met.*—Full of erroneous ideas; thinks he is a great military commander; wishes to beat and tear things to pieces.

*Crotalus*.—Sees death as a black, fleshless skeleton; thinks she hears a voice from her left side which she must follow.

*Digitalis*.—Lascivious fancies; great exhaustion, stupid melancholy; rapid and weak, or slow and full pulse; the latter is characteristic.

*Euphorbium*.—Insists upon saying his prayers at the tail of a mule. It is well to explain, with regard to the foregoing symptom, that the victim of *euphorbium* in the case was a cart driver; hence it is quite natural that, while suffering with religious frenzy (an effect of the drug), he should, besides saying his prayers, pay homage to the animal with whom he daily toiled.

*Hellebore*.—Wishes to drown herself (also *drosera*). Imagines he is obliged to run and jump rather than walk (also *apia*), jumps over hitching-posts and other tall objects.

*Hyoscinum*.—Sees absent persons; thinks he is in the wrong place; visions of being persecuted; lascivious mania, uncovers private parts; fears being poisoned or sold; desires to drown himself (also *drosera* and *hell.*);

filled with delusion; takes men for hogs; imagines the stove is a tree, and tries to climb the pipe; thinks he is picking feathers from birds. The *hyos.* patient is usually jolly.

*Ignatia*.—Thinks he has committed some terrible crime (also *mercurius*); imagines she will have an ulcer in her stomach. Suppressed grief.

*Lachesis*.—Thinks herself under superhuman control; thinks she is dead, and that preparations are being made for her funeral. Thinks herself pursued by enemies; fears being poisoned (also *rhys.* and *ceratrum viride*); suicidal with fear of death (*alumina*, desires to cut his throat, but fears death); characteristic accompaniments are: great loquacity, and extreme sensitiveness to external impressions.

*Magnesia carb.*—Great fear of some impending calamity (also *clematis*).

*Mercurius*.—Thinks he has committed a terrible crime (also *ignatia*); imagines he sees falling water; apprehension of some fearful accident; filthy habits; eats manure; imagines he is enduring the tortures of hell.

*Nux vom.*—Homicidal; exceedingly cross and ugly; suicidal, but afraid to die. The *nux* patient talks suicide but seldom commits the act.

*Opium*.—Imagines parts of the body are very large; sees animals and ghosts; feels an increased power which takes him to heaven; imagines he is fencing, and will be stabbed.

*Petroleum*.—Thinks another person lies beside him, or that one limb is double.

*Phos. acid.*—Imagines he sees devils; thinks he hears a clock strike, when none is near; sees things above his field of vision pass by his side.

*Platina*.—Thinks all persons are demons; thinks everything about her is small, and that all persons are inferior to her (*berberis vulg.*, things look twice their natural size.)

*Plumbum*.—Imagines he hears voices; thinks he is to be shot or poisoned; (*lach.*, *rhys.*, and *cerat. vir.* have fears of being poisoned). Sees frightful things, which chase him out of bed.

*Pulsatilla*.—Fancies a naked man is wrapped up in her bed clothes; sees the devil coming to take her; wishes to drown herself (also *drosera* and *hell.*); everything seems quiet, and she thinks she is alone in the world.

*Rhus tox.*—Fears he will be poisoned (also *lach.* and *cerat. vir.*); knows he will die, and wants to drown himself.

*Sabadilla*.—Hallucinations of sight about his own person; thinks his abdomen has fallen in, like a dead person's, that his stomach is gone, etc.

*Secale*.—Illusion of sense; the room presented to her the impression of water excessively agitated on its surface; could compare it only to the "foaming of a troubled sea"; raving, with an attempt to jump into the water; delirium, followed by heavy sleep; excitement followed by depression; has an impression that there were two sick persons in the bed, one of whom recovered, and the other did not; constant moaning and fear of death; anxious, forgetful, weak-minded; great dullness of sense; loss of memory.

*Stramonium*.—Hallucinations which terrify him; sees ghosts; hears voices; sees strangers; imagines animals are jumping out of the ground, and from the ceiling, and are running at him; thinks herself double; or lying crosswise; or that one half the body is cut off; thinks herself very tall; thinks he will fall into a deep abyss; thinks he was killed, roasted, and is being eaten.

*Sulphur*.—Thinks everything very beautiful and costly; old rags seem to her to be regal finery; is very gay and cheerful; again becomes depressed, melancholy, unhappy without a cause; wishes to die (fears death, *acon.*, *lach.*, *nux vom.* and *secale*); with depression comes great irritability and ill-humor.

*Thuja*.—Fixed ideas; as if a stranger were at her side;



as if body and soul were separated; as if he was made of glass; as if a living animal was in his abdomen.

*Urus*.—Lively; again depressed; aversion to speaking; cold toward toward her friends; repelling every one, evidently from suspicion, and false ideas concerning her friends; morose, and easily exasperated; likes to quarrel; weakening of memory, with marked diminution of muscular strength.

*Valeriana*.—Imagines himself away from home, and beset with dangers; afterwards remarkable liveliness, with great courage; again, hypochondriac, feeling as if objects around him had become estranged; impelled to leave his room (from the vapor); felt like one who is dreaming (from the vapor).

*Veratrum album*.—Thinks himself distinguished (thinks himself a commander, *cuprum*); squanders his money; has imaginary disease; thinks she is pregnant, or in labor, etc.; pretends he is a prince; imagines he is blind or deaf; says her brain is confused; rubs her head to clear it up.

*Veratrum viride*.—Puerperal mania; fears being poisoned; restless in body, but apathetic in mind.

*Verbascum*.—Excited fantasies of a sensual nature; distraction of mind; different trains of thought and fantasies throng upon him; diminished memory; likes to have people about him.

*Yucca filimentosa*.—Has the "blues"; mind wanders; uses wrong words in writing; uses wrong words in talking.

*Zincum*.—On bending over, says his head is so large that he cannot see past it; fanciful illusions; attacks of great loquacity (also *laeh*.); mental operations very difficult; difficult to grasp ideas, and to co-ordinate thoughts; loss of thought, and a soporose condition of the mind; great forgetfulness.

In presenting the foregoing array of symptoms, we are aware that we have often passed beyond the strict limit placed upon us by the title of this paper. We have included many symptoms properly classed as illusions, hallucinations, and even fancies. But these terms are often used indiscriminately by provers; hence we have included them all in the list.

*Hallucinations* are false perceptions of the senses, the eye, the ear, the nose, the tongue, the skin being involved, either simply, or in apparent combination with each other. A patient thinks he sees a friend who is a hundred miles away, or he hears the voice of that friend the same distance. His perceptions in these cases are not objective, but subjective, hence unreal and false.

An *illusion* is a mistaken perception. The patient sees and hears, but his mind takes cognizance only in a distorted manner. An apple seems the head of a demon; the voice of a friend is mistaken for the thunder of a cannon.

From these false and mistaken perceptions delusions sometimes grow. Their relationships are so intimate and natural that they become readily associated in the mind of the prover; are often mingled in the minds of the insane; and whether united, or separate and distinct, are amenable to the same forms of moral and medical treatment.

**ECTHYMA IN VARIOLA.**—M. Ducastel (*Le Progr. Méd.*) has seen a number of cases of variola, complicated with ecthymatous pustules, or bullæ. They generally appear first on the breast, and then spread to the upper extremities and face. The evolution is rapid, lasting perhaps twelve days. Those on the breast have a diameter of 0.001, while those on the hands often form extensive phlyctenæ. Sometimes the eruption appears in the beginning of the disease, or at other times after desiccation. It is often accompanied with severe symptoms and followed by death. It seems to assume an epidemic form. In searching for the agent of transmission, the blood revealed nothing; but spores were found in the phlyctenoid bullæ, which were increased in quantity in the pustules. (T. M. S.)

## "OLD SCHOOL RECOGNITION."

REPLY BY DR. T. F. POMEROY.

No pent-up potencies contract our powers.—  
The whole, unbounded range, by right, is ours.

Having published in your always interesting and profitable journal, under date of March, 1882, Dr. H. M. Paine's comments upon my letter to the *Medical Counselor* of December 7, 1881, I will act upon the presumption that you will also publish a short reply thereto. I am glad to know that so much of that letter as Dr. Paine has quoted has found its way into your columns, and would have been all the better pleased had he quoted from it more liberally still. My personal relations with Dr. Paine, however much we may have differed in our views, and in our practice of homeopathy, have always been of the most agreeable character. I have no wish that they shall be otherwise; and, I fully accord to him, as I claim for myself, the fullest exercise of private judgment, and the utmost freedom in the expression of the same. That my letter called forth his criticism of it is neither a matter of surprise, nor of regret.

By the frequent recurrence of the phrase "the low potency party" throughout his entire paper it is apparent that Dr. Paine with those who are presumably in agreement with him, by his own showing, is confessedly sectarian and exclusive so far as concerns the use of potencies; hence, his condemnation of those whom he regards as of "the high potency persuasion," because of their sectarianism, falls with equal force upon himself and his "party," and thus neutralizes itself. There is, however, this notable difference between these parties if Dr. Paine truly represents the "low potency party," which he claims to do—the high potency men, so-called, do not confine themselves to the exclusive use of high potencies, but on the contrary, resort to the medium and even to the *lowest* dilutions when in their judgment, and this is not infrequently, these are preferable. Dr. Paine, and those for whom he speaks, put the twelfth (decimal?) as the extreme boundary line where pure materialism and pure dynamism meet in relation to the potentization of drugs. Here, then, is sectarianism of the most exclusive and intolerant type, and also the very spirit of bigotry which seeks to exclude the high dilutions from our colleges and those who use them from our faculties, and as a consequence, from our societies and associations. Here is "freedom of opinion" with a vengeance, and from the self-styled liberal quarter of "our school!" Ostracism and expulsion for opinion's sake! this comes with excellent grace from the "low potency party," and is akin to all that has preceded in the history of homeopathy from the days of Hahnemann, in its relations to allopathy, the very spirit of which inspires this avowal. Manifestly *ensorious criticism* is not monopolized by the "high dilution party" and these "ensorious critics in our school" need to be frequently reminded that we propose to exercise our own judgment and to consult our own convictions when, and how, to use the dilutions, and this in low or high degrees of potentization, fully recognizing as we do the utility and the necessity for both high, low and intermediate. Those of "our school" who have never attained to the use of high dilutions, but have wholly ignored their use and usefulness, cannot apprehend the fact that the high necessarily comprehend all dilutions below themselves in a full and truthful exposition of the science of homeopathic therapeutics; hence they are so ready to attribute to us, whom they call high dilutionists, the same exclusive narrow-mindedness that attaches to themselves, of which this paper of Dr. Paine is a notable instance.

I have no inclination, nor would it be profitable to follow Dr. Paine through all the entanglements and mazes of his criticism of my letter. I am willing that that letter shall be judged upon its own merits or demerits, as the case may be. Surely the good doctor has

not overthrown its positions in his criticism of it, the bulk of which is predicated upon the erroneous hypothesis that the class of homœopathic physicians whom he chooses to dub "high potency men" are exclusively so. For one, I would not yield the privilege, much more, the right to a choice of dilutions, and I opine that the fear of the anathemas of the "low dilution party" nor the terrors of exclusion from our colleges and our associations would not deter me from the exercise of both. As I have thus stated regarding myself, my observation of, and experience with others of my "persuasion," fully warrant the same statements as to the general direction of their practice with the homœopathic remedies, and I am sure I can say of them as well of myself, that we never use other than homœopathically prepared remedies, and hence we never use them *otherwise* than "dynamically"—albeit in the first, third, and even in the last gasps of materialistic endeavor—the twelfth potentization of Dr. Paine, and others.

Having thus disposed of the sectarian aspect of my critic's paper, and other matters incident thereto, satisfactorily to myself at least, I will for a few minutes regard that portion of it which relates to "Old School Recognition" the ever-darling object of his ambition, if not the height of his aspirations. As the matter of personal or of social relations with our allopathic brethren was not under review in my letter to the *Counselor*, all that Dr. Paine has written relative thereto is wholly gratuitous and not at all pertinent to this discussion. I will, however, remark in passing that I have had no reason for complaint in that direction, but every reason for congratulation from his point of view, and not only this, but also for the most unmistakable evidence of regard and of undisguised respect from that quarter, *because* I have practiced my profession consistently with the principles that I have assumed to follow. In this respect, in harmony with others who have pursued a similar course, and whose self-respect would not admit of other than gentlemanly and courteous intercourse with gentlemen, however wide apart our views as to strictly professional matters might be.

The question of professional intercourse and recognition is quite of another character, as it is controlled by wholly different considerations than those that relate to social or personal intercourse, and its relations must be determined upon wholly different grounds, and those, too, that would insure harmonious action in those relations. That this is quite impossible of attainment between schools of medicine so widely at variance as to therapeutic methods and principles as are those of allopathy and homœopathy, is quite obvious. That agreement between them is wholly impracticable as to consultations regarding medical treatment, unless one or the other party yields wholly to the other is also apparent; there is no common ground upon which they can meet therapeutically, as their differences in this regard are wholly unreconcilable. Any understanding or agreement that will bring the two schools together must necessarily contemplate either a mutual concession, or an entire submission of one or the other party to such an agreement in order to make it available or practicable "for the relief of human suffering," or for the continuance of harmonious relations. It is not to be presumed that Dr. Paine and those who sympathize with him are ready to make a complete surrender of the distinctive principles that they profess and maintain for the mere sake of harmony. If this be so, his, and their action in these premises must then be predicated upon the expectation and belief that "old school recognition" will be carried to the extent of an entire abandonment of its distinctive tenets and usages and the acceptance of those that appertain to ours. How fully warranted this expectation is, future events must determine. The past furnishes no evidence of it, and the present but very dubious and unreliable indications in that direction, certainly not as yet, those that require the

test of time and of a far greater development. Indeed, it has been distinctly and repeatedly, if not authoritatively, affirmed that inasmuch as opposition to homœopathy has only fostered and sustained it, a sound policy would now warrant an entirely opposite course, and dictate affiliation and professional intercourse with it to the end of its extermination. Verily a strictly homœopathic mode of treatment, and a recognition of our law of cure that had not been looked for, and one too that might warrant an indulgence of such expectations as some of our friends entertain, if the animus of the suggestion was not so definitely avowed and so apparent.

From the foregoing comments upon Dr. Paine's criticism of my letter to the *Counselor*, the inference is a legitimate one that it was not written adversely to the low potencies, nor to the "low potency party," nor was the question of dilutions or of potencies raised either directly or by implication. Neither was the question of "dynamization" in any manner referred to, or considered. Hence, the doctor's use of it in applying its statements to those questions is wholly gratuitous, and his attempt to saddle this perversion of it upon me, is, to say the least, unfair, if not dishonest. Every sentence, and every paragraph contained in it relates to its subject as indicated by its title "Old School Recognition," and its strictures, as its comments, are applicable to those only who have persistently sought to compromise the distinctive principles and tenets of our school and to make them only secondary and subsevient. Much less was its aim or purpose to impugn or belittle the intelligence or the professional qualifications of any but those who in the manner indicated in the substance as in the title of my paper, have been conspicuous and determined in their attempts to secure recognition and professional fellowship from other quarters than our own, seemingly, at any sacrifice. I am, therefore, justified in wholly repudiating the imputations and the perversions that make up the bulk of Dr. Paine's criticism of my paper, if indeed, they merit that appellation.

NEW YORK, Mar. 10, 1882.

## ON SOME OF THE EFFECTS OF SILVER.\*

By J. C. BURNETT, M.D.

\*\*\* My real object, however, in asking your attention to the virtues of *Silver* was originally to discuss its effects in dyspepsia, but I discovered so many grave errors in its pathogenesis, as given in Allen's *Encyclopædia of Pure Materia Medica*, that I have thought it might be more useful to dwell on these errors first and to revert to its uses in dyspepsia at the end. On referring to the *Supplement* to this encyclopædia, pp. 324-5, article *Argentum nitricum*, you will read these words: "The following, taken from the original, is deemed worthy of insertion in place of the fragmentary reference in Vol. I." I should not feel so strongly on the subject of these errors (which I will presently point out) if they had been quoted at second hand, or if they had slipped into the body of the work; for there would have been some excuse for a few mistakes in that case in such an enormous undertaking. But here, in the *Supplement*, there was no hurry about the matter; there was no absolute necessity for further information on the subject of *argentum nitricum* at all; and we are explicitly told that this supplemental information was "taken from the original."

I shall now proceed to show that so many grave errors are contained in this article that we shall have to admit that it is indeed from the original, and a very long way from it too.

The title of Krahmer's work is *Das Silber als Arzneimittel betrachtet*, and Dr. Allen gives it in such a crippled form that it is hardly recognizable. To begin with

\* *Annals of the Brit. Hom. Soc.* (Read Dec. 1st, 1881.)

the word *Silber* is printed with a small *s* instead of with a capital; unless, indeed, Dr. Allen belongs to the *Neu-Deutsche Partei*. Then a comma is placed after *Silber*, and the word *als* is omitted, so that one does not know what is meant. Thirdly, "*Arzn*," is not a recognizable abbreviation of the word *Arzneimittel*.

There are two clerical errors in the next line. Here, of course, "*intermo*" should be *interno*, and the commas after this word and after "*Regimont*" should be full stops. Thus there are five errors in two lines, not grave ones certainly, but still errors, and five, even tiny, errors in two lines do not exactly inspire confidence in what follows, but we will pass them by as trivial. I will now ask some gentleman who happens to read German, to take Allen's *Supplement* and Krahmer's work and compare them as we go on, so that my criticisms may be duly criticised; for I feel that to cast doubt upon Allen's *Encyclopædia* is a serious matter. Allen begins with the pronoun *he*. From the context this *he* might apply to either Krahmer himself or to Schachert; when I first read it, I thought Krahmer was the person meant, but the *he* stands for Schachert.

Allen tells us that *he*—i.e. Schachert—"took  $\frac{1}{8}$  grain of *Nitrate of Silver* in distilled water, frequently repeating the dose; slight burning in the stomach."

The original reads thus: "Nach  $\frac{1}{8}$  Gr. Hollenstein in einer halben Unze destillirtem Wasser gelöst, des Morgens nüchtern genommen, bemerkte er nur einen sehr unangenehmen metallischen Geschmack und ein gelindes Brennen in Schlunde. Eine mehrmalige Wiederholung des Experimentes brachte keine andere Erscheinungen hervor."

Thus you see that Allen's rendering is almost as bad as it could possibly be. First of all we are told that the burning was in the *stomach*; but the German word *Schlund* does not mean the stomach at all, but the throat, in the sense of *pharynx*; it really means the "swallow."

Then the original informs us that there was produced "a very disagreeable metallic taste," which Allen leaves out altogether.

Then Allen gives us to understand that the *slight burning* was from one-eighth grain doses of *argentum nitricum* frequently repeated. But this was not how it happened; the burning was produced from one dose of  $\frac{1}{8}$ th grain and no more. He repeated the experiment several times, but did not repeat the dose in the same experiment. Again, the experiment was performed in the morning on an empty stomach, which Allen does not tell us. He also does not tell us *how much* distilled water; it was half an ounce.

The sentence should therefore be rendered thus:

"Schachert took  $\frac{1}{8}$  grain of *Nitrate of Silver* in half an ounce of distilled water, in the morning on an empty stomach (fasting), and only remarked a very disagreeable metallic taste and slight burning in the throat. He repeated the experiment several times but without producing any other symptoms."

So you see the  $\frac{1}{8}$ th grain dose of the *Nitrate of Silver* in half an ounce of distilled water, taken fasting in the morning, produces a very disagreeable metallic taste and a slight burning in the throat, and you may repeat the experiment but you get no other symptoms. Allen continues: "Afterwards took  $\frac{1}{4}$  grain, then  $\frac{1}{2}$  grain, daily." The sense here conveyed is that Schachert took  $\frac{1}{4}$  grain for a non-defined number of days, every day, and then  $\frac{1}{2}$  grain in the same way.

The original says: "Nach dem Genuss von  $\frac{1}{8}$  Gr. dauerte das Brennen im Schlunde etwas länger. Es wurden nun drei Tage, täglich  $\frac{1}{2}$  Gr. salpetersaures Silber in einer halben Unze Wasser gelöst, genommen." That is: "After taking  $\frac{1}{8}$  grain the burning in the throat lasted a little longer. Then, for three days, he took  $\frac{1}{2}$  grain of *nit. arg.* dissolved in half an ounce of water."

Allen goes on: "The burning sensation in the stomach became quite severe. The tongue showed in various places a dark bluish color, and in the stomach there was a sensation of increased warmth and some nausea;

these symptoms disappeared after taking food. The stools and pulse were not affected."

The original of this is: "Die brennende Empfindung im Schlunde wurde ziemlich stark, die Zunge zeigte sich an einzelnen Stellen dunkelbläulich gefärbt, im Magen stand ein Gefühl vermehrter Wärme und gelinder Uebelkeit, Erscheinungen, die auf den Genuss von Speisen verschwanden. Die Stuhleentleerungen und der Puls wurden durch das Mittel nicht verändert."

Which means that the burning sensation was in the throat and not in the stomach, and the burning was not "quite severe," but "ziemlich stark," or "rather severe."

Then "some nausea" should be slight nausea—"gelinde Uebelkeit." If we pass on a couple of sentences we find Allen saying: "The warmth in the stomach increased to nausea and retching, without actual vomiting, and after a few hours gave place to a persistent, periodically aggravated sensation of compression in the stomach."

The original reads: "Das Gefühl vermehrter Wärme im Magen steigerte sich zur Uebelkeit und zum Würgen, ohne dass es zum wirklichen Erbrechen gekommen wäre, und machte endlich der Stunden hindurch anhaltenden, periodisch sich steigenden Empfindung von Zusammendrückung des Magens Platz."

Apart from philological criticism, it must strike us as very strange that "the warmth in the stomach increased to nausea and retching." It should read "the feeling of increased warmth, etc."

Again, "after a few hours" is a total misconception of the sense of the sentence; the sensation in the stomach was first one of warmth, then of nausea, then there was retching, without its actually coming to vomiting, and finally (endlich) [not after a few hours!], it gave place to a sensation of compression of the stomach [i.e., feeling as if the stomach were pressed together], this sensation increasing periodically and lasting several hours.

So that the compressive sensation of the stomach followed not after a few hours after the nausea and retching, but at once and became periodically aggravated, and lasted during a period of several hours.

In the next sentence Allen tells us that "Towards evening diarrhoea set in, and continued during the next day, with RELIEF of the pressure in the stomach." The original runs thus: "Gegen Abend stellte sich Diarrhoe ein, welche auch den folgenden Tag andauerte. Damit hörte die Empfindung von Druck im Magen auf." Which means that when the diarrhoea set in the feeling of pressure in the stomach ceased. And this is a very important difference, inasmuch as it affects the character of the sensation which ceases when diarrhoea sets in, not merely relieved. Allen's next sentence is this: "The evacuations seemed thin, but their color was normal." In the original: Die Ausleerungen erschienen flüssiger, in ihrer Farbe nicht verändert." Which means the evacuations were thinner (than usual) but not altered in color. Here, of course, Dr. Allen has completely misunderstood the sentence. If evacuations seem thin, that would be a subjective symptom, but it is a question of their appearance to the eye, or allowing seem to mean appear, then we must have the adjective in the comparative at any rate.

Allen's next passage reads thus: "In addition to these sometimes there was a distressing dull headache, seated especially in the forehead, and associated with a certain prostration and restlessness." The only fault to find with this one is that the word "sometimes" is interpolated, there being no equivalent to it in the original. If you cross out "sometimes" and substitute therefor "phenomena" or "symptoms," you will have an exact rendering.

Passing now to the next sentence, we read "Changes in respiration, pulse, and secretion of urine were not marked," while the original reads "Veränderungen in der Respiration, im Pulse, und in der Urinsecretion wurden, nicht mit Bestimmtheit wahrgenommen," and means that changes in respiration, pulse, and secretion



of urine were not with certainty made out at all; they were not only not "marked," but it is doubtful if there were any at all.

The statement that on the third day all the symptoms had disappeared is correctly given, but the next two or three are incorrect. For our encyclopaedist tell us that "Eight days afterwards Schachert took  $1\frac{1}{2}$  grain in the morning fasting. He experienced nausea and efforts to vomit. He felt unwell through the day, and suffered from dull headache; of this the original runs: "Nach wiederum 8 Tagen nahm Schachert  $1\frac{1}{2}$  Gr. des Morgens nüchtern, und unterdrückte sofort die dadurch eintretende Uebelkeit und Brechneigung durch den reichlichen Genuss von Nahrung. Er befand sich indess den ganzen Tag unwohl und litt an stumpfen Kopfschmerzen," and means that after a further period of eight days—in a week's time—Schachert took said quantity of silver, and at once suppressed the nausea and inclination to vomit, which was thereby produced, by eating a very copious meal, but that he, nevertheless, felt unwell the whole day and suffered from a dull headache.

This complete translation gives a very different sense to that of Allen, for we find that the experimenter not only had nausea and inclination to vomit from his grain and a half of silver nitrate, but that he would have actually vomited had he not at once eaten a copious meal. So that the drug under consideration and in the given dose is shown by Schachert not only to cause nausea and inclination to vomit, but also vomiting itself; and, moreover, a kind or degree of vomiting that can be stopped by at once eating a copious meal, but though so stopped, or because so stopped, its ingestor feels ill day and has a dull headache.

From this review of Schachert's experiments, as quoted by Krahmer, and mis-translated and crippled by Allen, let us pass on to Krahmer's own experiments and see if these are handled any better.

First of all we are struck with the fact that Allen intensifies the symptoms, which is a grave fault in a translator. Krahmer experimented with the *Nitrate of Silver* on himself, he being at the time in perfect health and strength, but after the proving he did not find himself exactly ill, but still he was not in the same high state of health as previously. Allen makes him say that he "afterwards was sick" i. e., ill.

"Zur Zeit, wo ich mit dem Silbergebrauch anfang, befand ich mich vollkommen wohl und kräftig, nach der Zeit war diess nicht mehr in demselben Masse der Fall."

Allen makes Krahmer say that his stomach suffered for "many" days after he had discontinued the use of the *Silver*. Krahmer's words are "Mehrere Tage," which mean several days, and not "many." Allen next makes Krahmer say: "But in their place there soon appeared an almost uninterrupted neuralgic pain in the left infraorbital region, which for some moments became most terribly severe, and lasted with interruptions the whole following winter;" and this is supposed to give the meaning of "Dagegen zeigte sich nach der Zeit fast ununterbrochen ein neuralgischer Schmerz in der linken Infraorbitalgegend, der zwar äusserst selten und nur auf Momente eine grössere Heftigkeit erheilt und mich im Ganzen nur wenig incommodirte, aber doch den ganzen folgenden Winter hindurch ununterbrochen anheilt." So you perceive that the word "soon" is interpolated, and the rendering should be, "On the other hand, there afterwards appeared," or, better still, "On the contrary, after that time there appeared," etc. The seat of the pain is correctly given; it was truly in the left infraorbital region, and it was "almost constantly" that the neuralgic pain appeared, the word "ununterbrochen" being here an adverb and not an adjective. At first sight this may seem practically the same thing, but, looked at a little closer, we find that Krahmer means to convey the idea that the left infraorbital neuralgic pain of *Silver* appeared almost constantly but varying in intensity. This most important point Allen entirely omits, for he describes a neuralgia "which for some

moments became most terribly severe;" whereas Krahmer says, "There appeared almost constantly a neuralgic pain in the left infraorbital region, that indeed, but extremely seldom, and then only for a moment or two at a time, became very violent, and on the whole did not put me out very much, but yet continued uninterruptedly the whole of the following winter." That is, he evidently felt surprised that such a comparatively insignificant pain, which on the whole incommoded him but little (but very rarely getting very violent), should continue the whole following winter. He sets up an antithesis, although the neuralgia was not severe, yet it lasted uninterruptedly all the winter. This Allen puts down as one "which for some moments became most terribly severe and lasted with interruptions the whole following winter!" which is the very opposite of what Krahmer really says about it. You study Allen, and find that the silver neuralgia is in the left infraorbital region, terribly severe for some moments and lasting with interruptions all the winter; whereas the real argentic neuralgia is only occasionally violent, one which puts the patient out but little, and yet lasts without interruption all the winter.

What an injustice to offer such a trashy translation to physicians as a ground work for scientific practice!

Allen's next sentence has reference to the heart, and runs thus: "At the same time the action of the heart became irregular, and the beats at times omitted, when I had a distinct disagreeable sensation in the chest;" the original runs thus: "Gleichzeitig damit wurde die Thätigkeit meines Herzens etwas unregelmässig. Der Herzschlag setzte zuweilen aus, wovon ich eine deutliche, unangenehme Empfindung in der Brust hatte," that is to say, the heart's action became "somewhat" irregular, not simply irregular. "The beats at times omitted" is not English at all, it should be "intermitted." And then it should be not "when I had a distinct disagreeable sensation in chest," but "of which"—that is, of the intermittency of the heart's action.

Allen's next sentence runs thus: "To this was added a constant sensation of faintness in the precordial region." Gentlemen, would you be surprised to hear that the original says *fulness* (Vollsein) and not faintness, and that this fullness was in the region of the heart itself (Herzgegend)? And, moreover, that it should not be simply "to this was added," but "I was plagued," or, "I was also tormented or troubled." The original runs: "Dabei plagte mich eine beständige Empfindung des Vollseins in der Herzgegend," which means that he was, in addition to the other miseries, tormented with a constant feeling of fullness in the region of the heart. That is a very different thing to having a constant feeling of faintness (!) in the precordial region!

We next read: "I found that on turning my attention to the action of the heart, its irregularity became more marked, but on moving about freely the sensation at times entirely disappeared," which is again false. Witness the original: "Wendete ich meine Aufmerksamkeit auf die Herzthätigkeit, so empfand ich diese Unregelmässigkeit stärker, bewegte ich mich frei, so verging diese Empfindung fast ganz," which I would render thus: "If I turned my attention to the heart's action I felt this irregularity more strongly, but if I moved briskly about, it (this sensation) almost entirely disappeared." So you perceive that "at times" is interpolated, and "entirely" should read "almost entirely."

Skipping now one sentence we come to this: "The paroxysms of anxiety at the heart were not associated with it," which, if it means anything, must mean that there were paroxysms of anxiety at the heart. The original reads: "Anfälle von Herzensangst sind nicht damit verbunden gewesen." That is, "there were no paroxysms of anxiety connected therewith!" Krahmer makes this specific statement to call attention to the absence of any cardiac angina, notwithstanding the fullness in the cardiac region and the intermittency in the heart's beat.

We next read in Allen: "Physical movement was

uninterrupted, only sudden violent muscular action, as, for example, jumping or rapid running up stairs, or after emotional excitement, caused violent palpitation; the disagreeable sensations were least marked in a horizontal position, and in the evening in bed." Krahmer says: "Die Bewegung meines Körpers waren ungehindert, nur plötzliche starke Muskelthätigkeit z. B. die Anstrengung beim Springen, ein schnelles und anhaltendes Treppensteigen, so wie Gemüthsbewegungen verursachten ein stärkeres Herzklopfen." This means "The movements of my body were not interfered with," which is a very different thing from "uninterrupted." "Only sudden violent muscular action, as, for example, jumping or rapid running upstairs, should be "Only sudden violent muscular action, as, for instance, the exertion in jumping, going quickly up stairs without stopping (*anhaltend*)." Allen omits the "without stopping" altogether, and makes Krahmer speak of "rapid running up stairs," whereas it is not a question of "running" at all, but only of "going quickly." This is a very material difference. Then the end of Allen's sentence is simply the very reverse of the truth; Allen says, "The disagreeable sensations were least marked in a horizontal position, and in the evening in bed." Krahmer says, "Am deutlichsten traten die geschilderten unangenehmen Empfindungen bei einer horizontalen Körperlage hervor, daher des Abends in Bett." In verbatim English, "The said disagreeable sensations came most clearly to the fore—stood out most prominently—in a horizontal position (not LEAST marked!), hence in the evening in bed." In fact, simply this: they were worse when lying down, which is the very opposite to what Allen says. Moreover, it is not "and in the evening in bed," but "hence (consequently) in the evening in bed," i. e., because he was then in the recumbent posture, not because it was evening—that is, the argentic cardiac symptoms are worse when lying down, better when moving about, while Allen says the very opposite!

The next sentence in Allen reads thus: "Sleep was rarely disturbed by palpitation," and Krahmer's words are these: "Mein Schlaf ward nur äusserst selten durch Herzklopfen unterbrochen," which means literally, "My sleep was but extremely rarely (not simply rarely) interrupted by palpitation of the heart."

Allen continues: "Towards the end of the winter the attacks diminished in intensity." We may fairly ask, What attacks? The original gives the answer. "Gegen Ende des Winters verloren die Zufälle an Intensität." Here we find Allen has mistranslated the word *Zufälle*, which means accidents, symptoms, or phenomena. *Anfälle* would mean attacks. So it should read, "Towards the end of the winter the symptoms diminished in intensity." \*\*\*

Krahmer tells us that he did nothing essential to stop the evolution of the argentic proving, he allowed the symptoms to evolve. This is worth knowing, but Allen withholds this information.

Allen, however, gives us a false impression in the next sentence where he tells us "Physical signs of anything about the heart were entirely wanting, as I was assured by an eminent medical friend." The word "entirely" is interpolated, as is also the word "eminent;" and "anything about the heart" is rather a loose translation of "*Hersfehler*." Let that, however, pass, but the interpolations are unwarrantable. Allen says, further, "The next summer all morbid symptoms had entirely disappeared." Krahmer says, "*Mit dem Sommer*." I think he means with the beginning of the warm weather, but I am not sure; certainly many argentic symptoms are worse in cold weather.

Finally, were all the described symptoms really due to the *Silber* which the heroic Krahmer had ingested? or were they merely *post hoc*?

Allen is quite sure about this. Listen to his words: "That these changes in my condition were really the results of the *Silber* I have no manner of doubt; there is no other explanation of them, and I make this com-

munication in the hope that my colleagues, who may have the opportunity to make similar observations, may be able to verify them."

Gentlemen, I am sure you really will be very much surprised to learn that Krahmer said nothing of the kind. That the symptoms were due to the ingested *Silber* is, no doubt, perfectly clear; But Allen purports to give us Krahmer's words. Here they are: "Dass diese Veränderungen in meinem Befinden wirklich Folgen des Silbergebrauchs waren davon bin ich keineswegs fest überzeugt. Sie sind aber der Zeit nach später eingetreten und ich kenne keine weitere Veranlassung dazu. Ich mache diese Mittheilung, um daran die Bitte zu knüpfen, dass diejenigen meiner Herren Collegen, welche vielleicht zu ähnlichen Beobachtungen Gelegenheit haben, mir dieselben zugänglich machen möchten. Vielleicht könnten sie dann einen neuen Aufschluss über die Wirkungsweise des Silbers geben." In English that means:—"That these changes in my condition were really due to the use of *Silber* I am by no means (firmly convinced) sure. But in regard to time they occurred later (= they were *post hoc*), and I know no other cause for them. I make this communication in order to add the request that those of my colleagues who may have an opportunity of making similar observations may bring the same to my knowledge. Perhaps they might then be able to throw some new light on the subject of the mode of action of silver."

So Krahmer, although knowing no other cause to account for the series of post-argentic phenomena that were evolved in him, was by no means firmly convinced that they were *propter hoc*, and he does not say that he made the communication in order to have them verified, but in order to get some new light thrown on the subject of the mode of action of *Silber*, to the end that it might be thoroughly comprehended. \*\*\* I have here only criticised a part of what is given by Allen as from Krahmer. But I may say that I have gone over the remainder of it in Allen's *Supplement*, and emphatically condemn a considerable portion of it as utterly unreliable. For instance if you turn to page 327 in Allen, you will find some would-be information about the effects of *Silber* on the urine. This is partly a mere jumble of two or three things, and partly absolutely false. For instance, you learn from Allen that the amount of urea was not perceptibly changed, but the very opposite was the case. The amount of urea was notably diminished! Allen says the whole amount of urea daily excreted was 1.5 gramme, whereas that is precisely the amount of its diminution—i. e., the daily diminution in the amount of urea excreted was 1.5 gramme.

I had always felt proud of Allen's great work—my pride has been very considerably humbled only through the investigation of what he brings from Krahmer.

[In the discussion which ensued, Dr. Dudgeon hoped that Dr. Burnett would, on a future occasion, give us some of the clinical uses of *Silber*. He confirmed in many particulars, what had been said as to the inaccuracies of Allen's *Encyclopædia*.

The above abstract is presented to our readers as embodying very conclusively the precise opinions long ago expressed by ourselves (especially in an editorial article some months since) respecting certain characteristics of Dr. Allen's much-be-praised compilation. As they seem to have attracted no attention from any other medical organ in this country, we are of course gratified to find our judgment confirmed by so competent and unbiassed a critic as the Editor of the *Hom. World*.

It is not merely a reasonable inference, but a positive matter of fact, that just such incontestable evidences of negligence or incompetency as he brings forward are to be found scattered over nearly every page of the *Encyclopædia*. Does not this consideration alone justify us in asking whether (to put it mildly) either the interests or the reputation of our school would at all have suffered if this unwieldy *omnium gatherum* had never seen the light?—Eds.]

## CLINIQUE.

## FORCIBLE AND RAPID DILATATION OF THE CERVIX UTERI FOR THE RELIEF OF STRICTURE, CONICAL OS, FLEXIONS, STERILITY, ETC.

By H. H. TINKER, M.D., NEW YORK.

Dysmenorrhœa implies presence of pain or discomfort in the pelvic region at or about the time of the menstrual discharges, and from whatever cause it may arise is allowed to be one of the most distressing maladies that afflict the female sex, and for the relief of which the physician in many cases has found himself powerless; the poor sufferer going on from time to time until the nervous system becomes much disturbed, suffering from neurasthenia more or less general, loss of appetite, dyspepsia, wakefulness, loss of flesh and all interest in the pleasures about her. The cause of the pain has been the subject of much discussion; but the opinion of late years has been strongly in favor of the view that dysmenorrhœa is the result of an obstacle to the escape of menstrual fluid, the pain being relieved when the uterus succeeds in expelling the whole or a part of its contents. The obstruction to the escape of the fluid is produced by different causes, but the most common cause is flexion of the uterus producing compression and contraction of the uterine canal, at or near the internal os. In some cases a morbid condition of the ovaries causes the pain.

Chronic inflammation of the pelvic peritoneum may produce exudations over a thickening of the covering of the ovary, ovulation being thus impeded and pain the result; in some cases the pain arises from actual passage of blood from the uterus into the peritoneal cavity, giving rise to pelvic hæmatocele of the intra-peritoneal variety. Membranous dysmenorrhœa is when a distinct membranous cast of the uterine cavity is expelled and the expulsion of which gives rise to severe pain. Sterility is commonly conjoined with dysmenorrhœa, and impregnation does not occur, because patency of the uterine canal is interfered with, or in some cases the retention of morbid products in the uterine cavity. It is to be presumed that all physicians after being in practice a few years find themselves with a number of such cases that have been heretofore only partially relieved for the time.

And to this end I present the operation about to be described, which in my hands promises more than any other treatment where medicine is without avail.

Dr. Mackintosh, of Edinburgh, was the first to call the attention of the profession to the mechanical cause of the disease and the first to adopt mechanical means for its relief. He commenced his treatment by the introduction of a small metal bougie, followed by others of larger size, advancing gradually until his purpose was accomplished, and was said to be quite successful. But this operation seems applicable only to cases of simple constriction. The cause of the failure in many cases is owing to the fact that the parts will contract again soon after the instrument is removed.

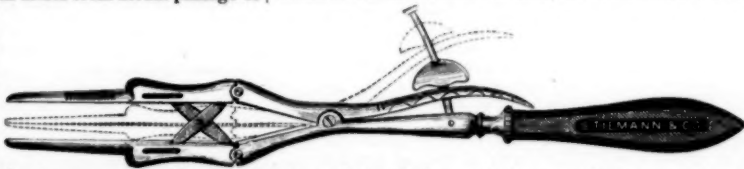
Simpson made use of a series of stem pessaries, but with those he found the same results as from the bougies. He therefore discarded them and recommended incision. This operation has been practiced by many surgeons and has done much for the relief of dysmenorrhœa.

Yet if the same object can be attained without any sacrifice to the parts it becomes us to choose the better way. Dr. Ball was the next physician to improve upon this operation by dilatation, and to him I am indebted for its details, having operated with him in several instances, and his description of the operation is as follows:

The bowels should be evacuated thoroughly beforehand; then the patient should be placed upon her back with hips near the edge of the bed, and, when profoundly under the influence of the anæsthetic, commence by introducing a three-bladed self-retaining



speculum, which brings in view the os uteri, which is seized by a double-hooked tenaculum and drawn down towards the vulva. First introduce a metal bougie as large as the canal will admit, followed in rapid succession by others of larger size until a No. 7 is reached, which is the size of Ball's dilator; then introduce the di-



lator and stretch the cervix in every direction until it is sufficiently enlarged to admit a No. 20 bougie, or more, if necessary; then introduce a gum elastic uterine pessary of about that size and retain it in position by a stem secured outside of vulva, for about eight days, during which time it has done its work and is ready for removal. During this time keep the patient perfectly quiet upon her back.



By this operation all adhesions are broken and a radical change in the nutrition of the whole organ takes place, all abnormal sensibility and pain passing away.

My first case was one of retroflexion with conical os. Patient 33 years of age, married eight years, sterile; been complaining of backache, loss of appetite and general exhaustion for three years; menses coming on every three weeks and sometimes oftener; most characteristic symptom is sensitiveness to external impressions; this condition was very distressing and several physicians were consulted for the relief of this painful malady; closing a door, dropping the slightest thing on floor, or any impression of the kind, would cause a severe shock. Many remedies were given, but without permanent benefit. So in June it was decided to operate by dilatation in the manner described. Everything progressed favorably; menses afterwards appearing as usual 28 days; all sensations disappearing, and the patient is now well. Next patient was Miss W—, age 29; single;



suffering from ante-flexion, vesical and rectal tenesmus of long standing thin, nervous; pain during menses and all symptoms usually found in a person who has suffered for years with uterine displacement; operation performed by myself, assisted by my brother, on June 15. Patient recovered and is now well, all symptoms pertaining to womb passing away; bladder ceases to give further trouble; appetite good, and generally improved. Next patient Mrs. B—, age 29; resident of Baltimore; married two years; sterile; most distressing case of dysmenorrhœa with general neurasthenia that ever came to my knowledge. During her menstrual flow has suffered from eclampsia on account of the agonizing pain and has been obliged to resort to suppositories of opium in order to find any relief, although she has been under the care of the best homœopathic physicians both of this country and abroad, each and all of whom have been obliged to resort to narcotics. She was pale and thin; muscles of back very sensitive as well as whole spinal region; uterus and base of bladder very tender; vesical tenesmus; obliged to urinate every hour or two, especially worse during the night; would sit on commode and shriek with pain, and copulation so painful as to render such an act impossible. Suffered exceedingly from indigestion, the most simple article of food causing pain and eructations. Began treatment with electricity and such homœopathic remedies as seemed indicated; surface of the body was so sensitive that even the weight of sponge caused distress; after persevering with this treatment for six weeks gave it up in despair and she consented to have the operation performed.

Consequently, August 1, was placed in bed and operation performed; kept in bed until after the next menstrual period which was accompanied with much less pain than ever before, but the period following the pain returned and the operation was repeated; kept in bed one month; after this her progress was rapid; the two months following there was no pain, not being obliged to go to bed, but up and about as at times when not unwell. Electricity applied to spine, and she is now in a very fair condition.

Miss F—, age 20. Resident of New York—patient of my brother—a very distressing case of dysmenorrhœa; obliged to keep the bed during the period, and suffering exceedingly; operated on in August by him assisted by myself; he reports the case cured. Two other cases have also been operated on and the results all that was anticipated. This operation is only applicable to cases where the seat of trouble is confined to the cervical canal, and no doubt all cases of this description would be greatly benefited if not cured by this plan of procedure.

**PAPAYA AND SOME OF ITS PREPARATIONS.**—From the juice of *Papaya* (*Carica Papaya*), imported about three years ago into France, Wurtz and Bouchut, as we stated at the time, obtained a very effective digestive ferment, called by them "*Papain*," or "*Vegetable Pepsin*," which is capable of digesting, *i. e.*, converting into peptones, all kinds of albumen (coagulated egg albumen, casein, gluten, fibrin, and even myosin). Wurtz tested the action of *Papaya* juice on living tissues, both normal and pathological, and especially observed its influence on hypertrophied glands, in which rapid softening, produced by the artificial digestion of the pathological products, was the result. Bouchut used the preparation therapeutically in the hospital for sick children, in cases of dyspepsia and all such diseases of the digestive tract, that have hitherto been treated with animal *Pepsin*, and was very successful.

Dr. Albrecht, in Neuenburg, introduced into practice the use of the *Papaya* preparations, manufactured according to Bouchut's directions by Trouette and Perret, pharmacists in Paris, and claims excellent qualities especially for the *Papaya* syrup, intended mainly for the treatment of children. In the case of sixteen children, varying in age from five weeks to eight months, he

observed it to have a very efficient action in dyspeptic and catarrhal troubles of the gastro-intestinal canal. Vomiting and stools containing undigested material soon permanently ceased. Especially was this the case with young artificially nourished children. Of even greater importance than are the above results is the statement of Rossbach, in the Pharmaceutical Institute of the University of Wurtzburg, regarding the action of *Papaya* preparations on diphtheritic and croupous pseudo-membranes. According to it, a pretty large piece of pseudo-membrane, taken from a diphtheritic child and placed in a concentrated solution of *Papayotin*, was in one hour entirely broken up into small shreds, which, in the course of six hours, had entirely disappeared, leaving a perfectly clear solution, in which, even under the microscope, the small particles could no longer be detected. Further experiments showed that in the course of two hours pieces of membrane, in a five per cent. solution of *Papayotin*, were entirely, in a two-and-one-half per cent. solution only partially, dissolved; whereas in a one-and-one-half per cent. solution they remained intact.

Less favorable, but at the same time noteworthy, were the results obtained by Rossbach with the "*Succus Caricæ Papayæ*," in a solution of one part to eight of water. From these reports it becomes apparent that *Papayotin* in a concentrated solution dissolves and digests the croupous membrane in a shorter time and more perfectly than any other known remedy; that also in the living patient the diphtheritic membrane, that can be gotten at, vanishes marvelously quick through the application even of a less potent preparation; and that, therefore, further experiments with this remedy are very desirable.—*Berlin Klin. Wochenschrift*, 1881, No. 10.

**PREPARED SPONGE IN CONSTRICTION OF THE ŒSOPHAGUS.**—The *Gaceta Científica de Venezuela* gives the following case: A youth, through mistake, drank a solution of caustic soda, which produced an inflammation of all the mucous membrane in contact with the caustic, and a resulting contraction of the œsophagus, through which liquids or semi-liquid food could only pass with great difficulty and pain. The stricture was on a level with the union of the cervical and dorsal vertebrae, and was about three centimetres in length. Gradual dilatation, by means of graduated sounds, gave relief. On the twentieth day liquids and semi-liquids were easily swallowed and it was possible for solids to pass the stricture. But an unforeseen accident reproduced the stricture, and this time it was treated by means of prepared (compressed?) sponge. An instrument was used by which the sponge was securely held. The sponge was forced down to the stricture and left there for a greater or less time—the longest time was four hours; and at the end of a month the œsophagus had resumed its diameter and functions. (T. M. S.)

**ORCHITIS OF MUMPS,** says Dr. C. Dulges, in *Lancet*, is not a metastasis, but a complication that can be watched for. It occurs only after puberty, and comes on between the seventh and ninth day generally. Its approach is indicated by a rise of temperature, which occurs before any pain is felt. By keeping the patient in bed, taking the temperature, and at once applying hot poultices to the testicles as soon as fever appears, the symptoms are greatly mitigated.

**TREATMENT OF OBSTINATE VOMITING BY ELECTRICITY.**—Dr. Leven (*Progrès Médical*), reports several cases of persistent vomiting, treated successfully by the application of electricity to the interior of the stomach. The conducting wire is inserted into the stomach by means of the œsophageal sound. Dr. L. states that after four or five applications he has been able to check vomiting that resisted all other treatment.

**New York Medical Times.**

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

## VOLUME X.

We commence with this issue the tenth volume of the NEW YORK MEDICAL TIMES. We have reason to believe, from the hearty endorsement which reaches us with almost every mail from all parts of the country, that our efforts to present a live journal, courteous, dignified, and keeping pace with the progressive spirit of the age, are fully appreciated. The policy which has governed us in the past will mark our course in the future. We trust those of the profession who feel that THE TIMES is doing a good work will not only aid it by contributions to its pages, but increase the sphere of its usefulness by recommending it to their professional brethren.

**THE STRUGGLE FOR LIFE AGAINST CIVILIZATION AND ESTHETICISM.**

Under this head, Dr. Frank Hamilton discussed, at a recent meeting of the New York Academy of Medicine, the tendency to physical deterioration, mental imbecility, and wasting disease due to the civilization and aestheticism of the age. We are inclined to think the learned doctor, in preparing his paper, had either not recovered from the shock produced by the action of the State Society on the Code of Ethics, or was suffering from a severe attack of dyspepsia. We cannot in any other way account for the extremely gloomy view taken of society at the present time. To us it seems that the progress of civilization is leading the way to a higher physical development and a healthier mental condition. The sons and daughters of our wealthy men are not the indolent slaves of fashion, luxuriating in a growing effeminacy, but cultivating physical strength and development to a degree unknown for the past century. Young men pride themselves upon their muscle, their physical development, and are proficient in those healthy exercises which give strength to mind and body. And our young ladies are very far from spending their time in the perfumed atmosphere of heated rooms, living a

purposeless life. As we meet them on the street or horseback, or engaged in their numberless works of charity, their rosy cheeks and sparkling eyes tell of anything but mental and physical deterioration.

He attributes much of the disease prevailing in large cities to those refinements of civilization, against which life is carrying on such a fearful struggle, found in the introduction of water and sewer pipes into our houses.

He said that by means of sewer gases it was certain that typhoid fever and diphtheria were propagated, and it was his own conviction that many other zymotic diseases, as Asiatic cholera, might be and sometimes were propagated by them. It was thought by many that it was enough for safety to have water traps, but it was well known, he said, that water was no protection against these foul gases, for they readily passed through it. There was no remedy, he said, against sewer gas except the proper use of chemicals, supplied to the traps daily. He believed that to secure the best protection, all plumbing fixtures should be placed in an "annex" to the dwelling. Not a few of our lately constructed and most elegant mansions had not an inch of plumbing in those portions usually occupied by the family. Another concession that civilization must make was that we return to the open fire-place—"the best ventilator ever invented"—as a means of warming our dwellings.

Sanitary engineers were, no doubt, performing a much needed and very useful service, but there was no evidence that up to the present day they had done anything more than investigate the evils they had been asked to remove.

At the close of the paper, Professor Doremus showed the Academy the results of experiments to prove that sewer gases—as ammonia and sulphureted hydrogen—easily pass through water traps. He had before them several glass traps, prepared beforehand, in which the different gases were stated to have passed through the water and shown the proper reaction on paper in the other side of the tube (which appeared to be closed, though that was not stated). He also believed that the only means of protection was by the use of chemicals in the traps. He recommended manganate of soda and sulphate of magnesia which when mixed gave off ozone, the great purifier. These should be supplied to water closet traps every time they were used, by a mechanical contrivance.

Dr. John S. Billings, U.S.A., upon being called on by the President, spoke at some length upon the subject of House Sanitation in Large Cities, for a report of which we are indebted to *The Sanitary Engineer*. He said that he took a more cheerful view of the situation and of the power of sanitary engineering to prevent danger than was done by the author of the paper.

Referring to Prof. Doremus' experiments, he said that they did not prove anything as regards the passage of sewer gases through traps of water closets connected with a properly arranged soil pipe. The gas in Prof. Doremus' flasks is almost pure, and the amount of water in the half-inch glass tube is very small and soon saturated.

In the soil pipe the offensive gases are greatly diluted with air, and the very careful experiments of Dr. Carmichael, of Glasgow, made with an ordinary water closet and soil pipe which had been used for a long time, showed conclusively that the amount of gases which pass through a water trap from a ventilated soil pipe is so extremely minute that it can only be detected by the most delicate test, and is so diluted with air that it is not dangerous to health. The difference in the effect of dilution upon gases and upon germs was pointed out.

There is no such thing as a sewer gas of peculiar and definite composition. Sewers contain various kinds of gases, in constantly varying proportions. These gases do not produce specific contagious diseases such as diphtheria, scarlet fever or typhoid fever.

It is not, however, correct to say that they produce no disease and are never dangerous. When not diluted they tend to produce debility, loss of appetite, headache, nervous prostration, etc., and dispose the system to be affected by the true immediate or specific causes of disease. But when sufficiently dilute they are not dangerous and this dilution can be secured, so far as the house is concerned, by thorough ventilation of the soil pipe, provided that the communication between the sewer and the soil pipe be cut off by a trap and fresh air inlet. Under such conditions the proportion of offensive and dangerous gases in the soil pipe is very small, and the amount absorbed by the water in the closet traps is almost inappreciable.

The case is somewhat different as regards the minute particles or germs contained in sewer air, at least under certain circumstances.

It is true that, as yet, we are not able to speak positively as to these supposed germs. We can only act upon probabilities; but in speaking to an audience of physicians, I feel sure they will appreciate this, for they have to act on probabilities only in every case they treat.

Now it is highly probable that what are known as the specific contagious diseases are not produced by gases arising from the decomposition of vegetable or animal matters, or of excreta, but from minute living particles, or organisms, produced from other similar particles or organisms.

If diphtheria, scarlet fever, or typhoid fever could be produced by combinations of filth, moisture, and temperature, it is impossible to explain why these diseases do not constantly prevail in some cities in India, China, etc.; nor upon this theory is it possible to explain why they are more prevalent now than they were fifty years ago.

Now, the danger to health from these germs cannot be entirely removed by dilution. If the virus of sheep-pox or of vaccine be diluted until not more than one inoculation out of fifty takes effect, it will still be found that when it does take, the effect is the same as if pure virus had been used.

Does the water trap prevent the passage of these germs?

The experiments of Dr. Carmichael show that it

does, and that an organic putrescible fluid will remain unchanged when exposed only to the air immediately above such a trap. A pin-hole in the soil pipe is far more dangerous than a trap.

From these experiments, as well as from those of Wernich, Pumpelly, and others, I think that the estimate of the dangers of house drainage has been placed much too high. The real difficulty seems to me to be, not that the resources of sanitary science and engineering are not sufficient to secure safe plumbing; but that the people at large who are willing and able to pay for good work do not know to whom to apply to get it.

In this matter physicians are the natural advisers and leaders, and it is very satisfactory to find that they are investigating the subject. I would only urge upon them to go cautiously, and not to rush into extremes. There are a few competent advisers, and some skillful and honest plumbers; and the physician should know who these are and where they are to be found.

At the conclusion of Dr. Billings' remarks, Dr. E. G. Janeway said that specific disease germs would not pass through a water trap; so far as scarlet fever was concerned, he had never seen a case that he thought could possibly have come from the sewer, and he challenged any one present to tell him of a case.

In commenting upon Prof. Hamilton's paper, *The Sanitary Engineer*, the best authority upon the subject in this country, says:

"Persons interested in the sale of appliances alleged to be sewer gas excluders, likewise those who sell solutions to be poured into plumbing fixtures, have published and made many statements about the passage of gases through the water seals of traps. They have also been aided by experiments made with a different gas than exists in our drains and sewers, and even this gas is brought in contact with water in a manner not found in any ordinarily well-plumbed house to-day. On such misleading tests and statements Dr. Hamilton, in a paper read at the Academy of Medicine, like many before him, has based conclusions which have been widely published and commented on. Those who have been alarmed should take comfort in reading the sensible remarks of Dr. Billings."

### THE END AT LAST.

The Court has decided that Guiteau is an assassin and fully responsible for his crime, and in due time he will pass from his cell to the gallows. The curtain will drop over the career of this miserable man, but the lesson which his life and death teaches lives on. Starting in life with an unhealthy body, and an unhealthy moral nature, he gave loose reins to his passions, his overbearing vanity, his inordinate conceit, his violent temper, without the slightest attempt to restrain them, until at last a blow was struck so purposeless, so fiendish, that one would naturally suppose that any even partially sane mind, with the slightest modicum of rational sense, capable of any reflection, would know that swift retribution would speedily follow and his name and memory be looked upon with loathing everywhere, now and hereafter. And yet his moral sense through long years of unrestraint had become so obliterated that he is spoken of by the prosecution "as a moral monstrosity; a



rattlesnake, without even the honor of the venomous reptile, dealing death without the warning rattle." Boldly, without any attempt at concealment, he marches into a depot with scores of persons passing to and fro, takes deliberate aim and fires. He knows that arrest will speedily follow; and the shadow of the gallows falls darkly over him as he sends the bullet with unerring aim to its fatal mark. The vanity of having his name on every tongue almost throughout the world, or the belief that a great party will rally to the rescue of a man guilty of so fiendish a crime, nerves his arm and prompts the deed. What can be said of such a man's sense of right and wrong? Call it what you will, wickedness or moral insanity, is it not true that the death of those germs of healthy life, which if properly fostered might grow up in such strength as to root out the tares and bear healthy fruit, is oftentimes produced by unrestrained wickedness going on step by step until the entire human nature is debased to the level of the venomous reptile? We can almost imagine that this process might go on so far that the soil in which the soul grows would become unfit for nutriment and the soul itself be poisoned to death by its own unchecked wickedness.

Experts have said there is no such thing as moral insanity, but is it not true that the moral faculties are the first to show the evidence of unhealthy mental action, and under the influences of unrestrained wickedness, if that name is preferred, every healthy attribute may be crushed out until the man stands at last revealed, a fiend in human form? There is no winning such a man back to rectitude; there is no future before him but that marked out by the promptings of unrestrained wickedness. Useless to himself and a curse to his race, perhaps the gallows is as good a way to get him out of mischief and bury him from sight as any. It is rather humiliating, however, to be told, as we have been in this trial, in the plainest and most unmistakable language, that the law rejects the teachings of modern science and will not believe that a man can be possibly insane who knows he is doing what it has pronounced wrong. And yet science in having linked itself to a coarse and rigid materialism, as it does when it asserts that all insanity is due to brain lesion, is, to a certain extent, responsible for this legal position. With all the good which has been accomplished by developments of the laboratory, morbid anatomy and physiology, is it not true that the tendency of their close study has been towards materialism, and in the position that many take, that mind cannot exist without matter, and that its existence, in fact, depends upon the play of chemical affinities, we oftentimes in disease confound cause with effect? We lose sight, or treat as of minor importance, the vital principle, the spirit life, which crystallizes around itself its earthly habitation, and whose influences upon that habitation cannot always be traced with either knife or microscope. We are too apt to form the hasty conclusion that certain abnormal conditions, such as sclerosis or atrophy, are the cause of the functional derangement, with which they are associated, instead of being the effects.

A careful observer says, "In some of the most typical

cases of sclerosis careful search will lead to the discovery of inter-spaces as yet unfilled, in which the atrophy of nerve cells or fibres has clearly occurred in *advance* of the proliferation we call sclerosis, and occurred from disease in consequence of an arrest or cessation of activity instead of having been produced by pressure."

In the study of mental phenomena and the treatment of disease, we may be forced from the line of pure materialism in which many of our scientists are pursuing their investigations, and whose conclusions seem to be accepted by jurists, to the more careful consideration of mind and soul, and to the fact that there may be conditions of mental function in which the inter-relation of the faculties are so disturbed, one dominating over the other, until the will power is subverted and the mind enslaved.

We had hoped, as we stated previous to the trial of Guiteau, that not alone experts in the treatment of insanity would be summoned, but also mental scientists who had been accustomed to study mental phenomena from a less materialistic stand-point than medical experts.

#### MERCURY AND OTHER REMEDIES IN THE TREATMENT OF SYPHILIS.

Dr. G. H. Fox, in a paper before the Materia Medica Society, stated that he thought *mercury* was an exceedingly valuable, but much overrated remedy, and he does not deem it by any means essential to the cure of syphilis. The disease, like other erythema, tends to run its course. If severe, it may end fatally, but if the patient has a good constitution and the infection is mild, it usually runs its course without injury to the patient. "If," he says, "the profession were more strongly impressed with the great value of hygienic measures in the treatment of syphilis, and were less inclined to confide solely in the specific action of *mercury*, patients would receive a far greater amount of benefit." The doses of *mercury* usually given, he thinks, are unnecessarily large, and in the vast majority of cases the best results are obtained from small doses, from which the patient will suffer no danger of salivation. At this point, for fear, no doubt, of being charged with heresy, the author pauses to assert in the most emphatic manner that he has no faith in administering doses on the homœopathic principle. Perhaps if Dr. Fox should individualize his cases with a little more care, and study a little more closely the proved symptoms of *mercury* as recorded in a homœopathic Materia Medica, he would gain a little light upon when and how to give *mercury* to obtain the best results. We heartily concur in his condemnation of treating syphilis on the routine plan. The empirical manner in which *mercury* and the *iodide of potash* are often administered in both schools, cannot be too strongly condemned. Valuable as these remedies are—and they are more often indicated in the different stages of syphilis than any other drugs—we should prescribe less by name than conditions, and the doses should be guided by the intensity and violence of the poison to be combated and the effect it produces upon the system.

### THE RECENT GRADUATE

At this season of the year, when the great majority of the medical colleges of the country are sending forth their graduates—the present year in larger numbers than usual—a consideration of the subject, in its various bearings, becomes quite appropriate and interesting. The questions as to what is to be done with all these, and what is the best course for the recent graduate to pursue, are both pertinent and wise, as they concern not only the individual, but the general public which is to support, and the medical body which is to fellowship and protect them as members of a learned profession. The statistics will bear us out in saying that there is at present in this country a proportion of one physician to 550 inhabitants. It is stated that the permanent ratio per thousand of those who require medical attendance amounts to from eighteen to twenty-two, thus giving each practitioner on the average about ten patients upon which to depend for support, and that number is liable to be largely decreased by various circumstances.

In view of these facts, the prospect of the ordinary recent graduate becomes anything but encouraging, and if he wishes to succeed he will look them squarely in the face. The time is past for the ignoramus to expect to make much headway in the profession, and it should devolve upon the preceptor to discourage such as are without suitable preliminary education in their attempt to enter at all, but should they be so unfortunate as to start, they should find the college door closed securely against their admission!

We will suppose that the recent graduate has the requisite preliminary qualifications, that he has mastered his curriculum, and that he is abroad with the diploma of his *alma mater*, ready for the fray.

We do not hesitate to say, that no worse thing could happen, professionally speaking, than that he should be able to step into a practice ready-made, and in which he would have no time for study. We are well aware of the egotism which possesses the mental capacity of the majority of recent graduates, and it is not until this conceit is eradicated, as it surely will be, that he can get down to that work which will be of service to himself, and which will make an impression upon that great body of brilliant minds which he has joined.

The recent graduate under our present collegiate training, should be able to spend his first six months after graduation, in the study of special branches, such as physical diagnosis, medical chemistry, microscopy, etc., etc., but not with a view to becoming a specialist in any of them; and then he is prepared for a hospital appointment of eighteen months, should he be so fortunate as to secure the opportunity. The hospital service will find equal to ten years of busy general practice, provided he makes good use of his time.

Having had this training, he should be competent to assume those responsibilities which will meet him at every turn, but without it he may wander hither and thither in the whirlpool of medical science, until he is either overwhelmed by its volume, or is able by dint of the hardest kind of work, to stem the current and

avoid such a catastrophe—an event accomplished by only the few.

If the recent graduate is what he should be, the ignoramus will soon find that he has mistaken his calling, and will be compelled to seek other fields for his support.

It is apparent that the medical man of the future must be superior to the medical man of the past—speaking in a general way—and it is to the recent graduate that we must look for help to accomplish this result. The whole question which we are considering hinges upon the principle of higher attainments in medical education, and this involves a longer term of study. The reform we need should emanate from the profession as a body regardless of the college. We believe the time has arrived when the commonwealth should insist upon a term of not less than four years of preparatory and of three years of actual study of distinctively medical branches, before a candidate is allowed to approach his final examination, and the license to practice should issue only through a State Board of Examiners, equitably adjusted.

As we have often urged in these columns, there are at present too great a number of medical colleges! Should the State examination become compulsory and be adopted by all the States, the colleges will find that they occupy an entirely different position than at present, and then will appear a large field for a school devoted to the preliminary education of students intending to enter the medical profession. Even under the present régime the demand for preliminary opportunities is far from being met.

At present, the great majority of graduates receive their diplomas after two courses of lectures, without any, or at most, little, preparatory training, and the result is familiar to all. Of course there are some brilliant exceptions of which the profession can be proud, but with the adoption of the plan suggested, even these by reaching higher attainments, will confer greater honor upon the body which they will join, and receive for themselves that lasting satisfaction that they are well prepared to assume the duties and responsibilities of their high calling.

We have often noticed that the recent graduate is sometimes "all at sea" respecting the proper course to pursue, and this leads us to say that the importance of selecting a suitable person as preceptor—one who has the ability, time and inclination to guide the inexperienced, will solve this part of our problem, as it will save many an obstacle to progress during the trying period of college work.

Harvard University deserves great credit for the stand it has taken respecting higher education, and it is reaping merited reward by an increase of fifty per cent. in its number of students since the inauguration of its plan. President Eliot says in a late report that,

"An American physician may be and often is a coarse and uncultivated person, devoid of intellectual interests outside of his calling, and unable either to speak or to write his mother tongue with accuracy. What wonder, then, if, under the circumstances, the degree of Doctor of Medicine has not heretofore been universally accepted as a passport to refined society? It is notorious, as a general rule, that medical students have been a

rougher class of young men than other professional students of the same age in this university. Until the reformation of the school in 1870-71, the medical students were noticeably inferior in bearing, manners, and discipline to the students of other departments; but they are now" (since the higher standard of preparation was instituted) "indistinguishable from other students."

We would that other medical schools were obliged to follow the admirable course of this grand old university and then we might have more hope for the recent graduate.

### ETHICAL DISCIPLINE.

The Massachusetts Medical Society, as if to spite a sister society for daring to broaden its code, has commenced proceedings against one of its members, resident of this State, on the charge of promoting irregular practice, viz., for counselling with physicians practicing homœopathically. In view of recent occurrences this action appears retrogressive and not in accordance with the spirit of the age. The society in question would undoubtedly resent the charge that its action is at variance with the teaching of the university of which it has reason to be proud. The writer well remembers that when he was a member of the medical class at Harvard, he was told to "investigate everything and hold fast to that which is good!" According to the interpretation of this society there should have been an amendment excepting anything tending in the direction of homœopathy. Guided by this instruction, the gentleman above referred to, after several years of practice, made a careful study of therapeutics, with the result of finding much truth in the so-called homœopathic mode, and his investigations were made the subject of an able paper which was read before a local society of the old school.

The paper was little discussed, never answered, and has been widely circulated in pamphlet form, as an excellent exposition of the therapeutics of the old and the new schools.

In this age of scientific investigation it would have been far more becoming in the old school societies to have welcomed these investigations, met them with arguments and compelled them to stand or fall as the facts should indicate.

But instead of this, an attempt is made to crowd the author to the wall for daring to have an opinion of his own which should differ in some particulars from the traditional medicine of the past. It is such action as this, that has separated us into sects, and it is only the leaven of homœopathy that will eventually change the mass into healthy action by ridding it of its bigotry and intolerance.

We believe it will be better for the cause in the end, if those who become convinced of the truth of *Similia* will remain in the old school fold for work, as there is nothing in its code to prevent them from doing, or from practicing according to the dictates of their own consciences; scrupulously avoiding such violation of by-laws as will give opportunity for even an attempt at expulsion.

In time the fossils and bigots will have to give way to the superior force of those who think for themselves and are equal to maintaining the supremacy of freedom of opinion and action, so long as it is confined to facts and the results of experience!

### ANOTHER PROPOSED ASYLUM.

The Massachusetts Homœopathic Medical Society recently appointed a committee of which Dr. I. T. Talbot is chairman, to take steps in the direction of establishing a State Asylum for the Insane within that Commonwealth.

The matter was brought to the attention of the legislature by means of a petition, and by this body referred to its Committee on Public Charitable Institutions. Dr. Talbot in his argument before the committee said in part that—

"The believers in homœopathic medication have in the last ten years, at a cost of \$200,000, built and sustained a hospital in Boston which has taken care of upwards of 1,500 patients who otherwise could not in this State have had in any hospital the medical treatment they believed in and desired. They have sustained a dispensary which in the last twenty-five years has, in the city of Boston, given gratuitous treatment to 100,000 poor sick people who have preferred this kind of treatment, of whom about 12,000 have been treated the past year. They also sustain a medical school in connection with Boston University, with a curriculum of study unsurpassed in thoroughness, in which more than 100 students are enrolled, and from which in eight years 250 physicians have been graduated in medicine. It is this body of physicians, and these believers in homœopathy, who from their own experience feel assured that this method is the best for the treatment of disease, and who now come forward and ask you to provide for them and for their friends, if they should be obliged to go to an insane asylum, the kind of medical treatment in which they have so much confidence. Moreover, they deem it an injustice and a hardship that they, loyal citizens and taxpayers of Massachusetts, should be compelled to submit to treatment in which they have no faith, and against which they often hold a deep-seated prejudice. So firm is this conviction that many will not go or allow their friends to go to the hospital until actually compelled to do so. Then if they die they feel it was from lack of proper medication; if they recover, they think the recovery would have been sooner under homœopathic medication.

"Whether this be true or not, such is their belief, and wherever numbers render it practicable we doubt not that your committee will consider that the State should accede to the personal rights and opinions of its citizens in a matter like this.

"The petitions which you already have, together with those in the hands of the committee not yet presented to the House, contain the names of more than 5,000 citizens of the Commonwealth, and residents of forty-five different towns and cities. Among these are to be found some of the heaviest taxpayers, merchants, manufacturers, bankers, and members of almost every trade and profession. In fact, there is hardly a person to be found, whatever may be his own wishes as regards medical treatment for himself, who would not desire the State to extend liberty of opinion and choice in this matter to all the citizens. When a thing to be done is clearly right and is sustained by the people almost unanimously it cannot be difficult to provide for it. We therefore ask your committee to prepare a bill which shall secure in the best and quickest manner the object of these petitions.

"There are various ways by which homœopathic treatment could be provided.

1. "By the appointment of a homœopathic physician in each of the present existing hospitals who should have the medical care and control of all patients for whom homœopathic treatment is desired.

2. "To set apart a portion of each hospital for the exclusive treatment of patients homœopathically.



"Both of these methods would require friendly relations, not only with the Superintendent, but also with the medical staff, to ensure the greatest success.

3. "The devoting of one of the existing hospitals entirely to homœopathic treatment.

4. "The establishment in some favorable location and in an economical manner of a small hospital capable of providing for 100 patients, with opportunities for enlargement as needed.

The latter plan would require no immediate outlay of money by the State, but would need careful consideration by those most interested, and in connection with the State officials having charge of the insane."

As no one appeared to oppose the granting of the petition, it is fair to presume that the time is not far distant when the action sought will be an accomplished fact.

The plan by which our friends have been working is the same as that pursued some years ago by the profession in this city, which resulted in the organization of the Homœopathic Hospital on Wards Island.

It is such organized effort as this—in which lay-sympathizers are made to join—that impresses legislators and others in authority with the justice and necessity of an undertaking, and the profession in other localities will do well to direct their efforts in a similar direction.

In the present condition of public opinion regarding the relative value of medical practice, there seems to be no good reason why we should not have as many public institutions under our control as the exigencies may demand, and with properly combined systematic work on the part of those interested, its accomplishment may be brought within the near future.

In the present aspect of medical ethics—although the two great schools of medicine are much nearer together than formerly—we must continue on the aggressive in this direction, until the old school has so far adopted our methods that there is little practical difference between us, and not till then can we safely drop the bars which divide us and compel the maintenance of a distinct sect—however much this state of things is to be regretted. All we can do at present is to hope on, and we believe eventually that the time will come when all medical men will be united under the single grand cognomen of **PHYSICIAN**!

#### UNIVERSITY OF MICHIGAN.

The organ of the Homœopathic department of the University of Michigan waxes wroth at our notice of the intended resignation of one of its Professors—as an item of news which had been wafted back to us from across the water, and which had already appeared in at least two leading journals of our school. We showed our regret for the mistake by publishing the letter of contradiction of the gentleman in question, in our last, and we do not see why we should be thus "hauled over the coals" for reiterating statements which had become so common.

While we are very glad to learn that so eminently practical a teacher as Prof. Franklin is to remain at his post, we should be equally glad to see the system by which this department exists so changed that there would

be but one chair in the University devoted to an exclusive system, and that should cover only such parts of the college curriculum as are distinctively different from the usual course of traditional medicine. This condition of affairs would result in a large saving of expense, and would work much more practical service than the present method. If the principle of *similia* has been engrafted into the parent stock of the University, as stated by a correspondent in the same journal, there will be no difficulty in carrying out the plan suggested, and our efforts in the future respecting the colleges should be in this direction rather than in the establishment of so great a number of sectarian schools. Any one who has ever examined graduates from schools distinctively homœopathic, will bear us out in saying that many of these pupils are not sufficiently familiar with the treatment in emergencies, and those cases in which palliation becomes a necessity! When such cases are met with in practice for the first time, is it any wonder that the practitioner blunders around for relief and finally resorts to measures of which he knows nothing? No student should be allowed to graduate without a knowledge of the means referred to, and he should be made to feel their *exceptional* character, and that they are not for universal use. The teaching of *materia medica* in many of our colleges is a mere repetition of symptoms, and does not include that history and chemistry of the drug with which every student should be familiar. We hope the time is not far off when the better class of old school colleges will include in their teaching of therapeutics the application of drugs in small doses, including the special indications for their use, and we know of no institution which can better afford to inaugurate such teaching than the University of which we are speaking. Should the colleges decline to grapple with this problem, a State Board of Examination can bring them to the proper level.

#### THE NEW MEDICAL BILL.

The Old School State Medical Society has introduced into the Legislature an amendment to the act providing for the examination of students before a State Medical Board, making such examination compulsory for a license to practice medicine. The act amended provides that the student may elect in therapeutics for an examination upon either of the systems of practice represented in the several incorporated State Medical Societies, and the new amendment does not interfere with this provision. Thus we may have as many boards of examination as there are State societies, each board representing a school of medicine. We cannot see why the plan thus proposed will be any better than the one which now prevails, making the college examination final, carrying with it the license to practice. One State Board of Examination, before which all students must appear for a final examination, and whose endorsement would be a license to practice medicine, would, by placing all students on an equality, so far as their examinations are concerned, do more than anything else to break down the sectarian and clannish feeling which now prevails. In the struggle for success some, of course, would outstrip others, but the public would be

protected from incompetency so far as preliminary education could protect them, and all would start in their life work with the same approval and the same authority. The dual action of drugs is now so thoroughly incorporated in all schools that a proper understanding of the principle, without going into minute symptomatology, would, of course, form a strong feature in the examination on therapeutics; and with this principle fairly understood by every student who assumes professional responsibility, we could safely trust its influence upon the profession in the future. The old school has abolished in this State its sectarian code of ethics. It will nobly supplement its work by advocating a central authority, whose examinations shall be strictly impartial and apply to all alike, and through whose endorsement alone can a license to practice be obtained.

### THE RETIREMENT OF PROF. DOWLING AS DEAN.

At the annual meeting of the faculty of the homeopathic medical college, held March 23, Prof. Dowling resigned the position of Dean, in the following letter:

"The By-Laws of our college faculty provide for the annual election of the Dean, subject to the approval of the Board of Trustees. That election takes place on Thursday next.

"For many successive years you have honored me by unanimously electing me to this high position, an evidence of confidence which I have fully appreciated.

"On several previous occasions when the time for holding this annual election was approaching, I have felt that a proper regard for my health should prompt a refusal on my part to permit my name to be again used in connection with the position; for the duties and responsibilities, although seemingly light, are more arduous than are generally supposed, and the anxieties to a man anxious for the hearty approval of all, and unhappy if in the performance of his official duties he does not obtain it, are indeed great.

"Although as a faculty, as individual friends, you have endeavored to lighten my labors as far as was possible, and by your words of encouragement, and many acts of kindness giving evidence of your appreciation of my feeble efforts, thus making me disregard the constant mental strain to which this position in addition to my professional duties, and the cares which every father experiences in the support and education of a family of children, has submitted me—I feel that it will be better for me, that it is my duty, to discontinue these extra labors under which my predecessor, the beloved Prof. Carroll Dunham, broke down. I therefore respectfully request that I be permitted to retire from the Deanship of this college, and that another be elected to fill the position which, although not unattended with disappointments and sorrows, has afforded me as much real happiness as should fall to the lot of a man in an average lifetime.

"In retiring from this position let me assure you of my constant and continued love for the institution whose interests I have watched for so many years, and assure you that if it were not for the fact that I shall in the chair which I represent, still be able to work for homeopathy and our college, this would be one of the most unhappy moments of my life." \* \*

Dr. Dowling's communication was received by the faculty and his resignation accepted; when Prof. Helmuth offered the following resolutions, which were unanimously adopted:

"WHEREAS, Dr. J. W. Dowling has considered it expedient to resign the Deanship of the New York Homeopathic Medical College, a position of honor and trust which he has filled with conscientious fidelity for the space of twelve years, and

"WHEREAS, The faculty of this college, thoroughly understanding the labor, anxiety and responsibility, which are necessarily associated with the Deanship; and feeling, as they do, that the duties of this office have been thoroughly fulfilled to the utmost of the abilities of the retiring Dean. Therefore be it

"Resolved, That the members of this faculty do hereby tender to Dr. J. W. Dowling their sincere thanks for the able manner in which he has discharged his duty as Dean, and take this method of showing their appreciation of his services in behalf of the New York Homeopathic Medical College; and be it further

"Resolved, That a copy of these resolutions be presented to the retiring Dean as a special token of the continued friendship and esteem of his associates in the Faculty." It was further

"Resolved, That these resolutions be handsomely engrossed and signed by each member of the governing faculty, that they be framed and presented to Dr. Dowling, and that the resolutions with the Dean's letter of resignation be published in the various medical journals of our school."

The annual election of officers was then held and the following named gentlemen were unanimously elected:

T. F. Allen, M.D., Dean; J. W. Dowling, M.D., President of the Faculty; F. S. Bradford, M.D., Secretary of the Faculty.

Dr. Dowling's resignation from the position which he has so ably filled these many years with universal satisfaction, will mark another era in the history of the institution, and while we congratulate him on the relief from its burdens, we are confident the college will never find his superior as an executive officer.

### BIBLIOGRAPHICAL.

THE SYMPATHETIC DISEASES OF THE EYE. By Ludwig Mauthner, M. D., Royal Professor in the University of Vienna. Translated from the German by Warren Webster, M.D., Surgeon U. S. A., and James A. Spaulding, M.D., etc. New York: Wm. Wood & Co. 1881. Pp. 220. 16 mo.

The object of this monograph seems to be to show the general practitioner the importance of early recognition of the diseases of which it treats, and every specialist in this department will appreciate the effort and commend the work to this class of practitioners.

The author says: "My creed in the question of enucleation runs briefly thus: IT MAY be performed as a preventive; it MUST be performed in the stage of irritation; it CANNOT be performed in iritis serosa and iritis plastica; it CAN be performed in irido-cyclitis plastica, provided the eye causing sympathy is totally blind, but not in a state of violent irritation."

### THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY.

A Systematic Treatise on the Theory and Practice of Surgery, by authors of various nations. Edited by John Ashurst, Jr., M.D. Illustrated with chromo lithographs and wood cuts. In six volumes, Vol. I. New York: Wm. Wood & Co.

In Vol. I. we find treated inflammation, regarded both from the position of the pathological histologists and from that of the clinical observer and practical surgeon; erysipelas and pyæmia, hydrophobia and glanders, scrofula and tubercle; rachitis and scurvy. Articles follow upon the reciprocal effects of constitutional conditions and injuries; upon the general principles of surgical diagnosis; upon operative surgery in general, plastic and minor surgery; the use of anesthetics; shock, traumatic delirium and delirium tremens, and upon amputations. In the second volume will be begun the study of special surgery, those affections being first considered which, though local in themselves, may yet be met with

in any part of the body. The volume will also contain articles upon the several varieties of venereal disease, and will begin the discussion of injuries and diseases of the various tissues of the body. The third and fourth volumes will conclude the surgery of the tissues and the latter will also begin the consideration of injuries and diseases of special regions. Regional surgery will be continued through the fifth and sixth volumes, and the last will also contain a history of surgery, by Prof. Gross. The list of writers includes the most popular names in their various specialties in the world, and if the work is carried to its completion with the ability displayed in the first volume, nothing more can be desired.

A COMPLETE MINOR SURGERY, The Practitioner's *cade mecum*, including a Treatise on Venereal Diseases. By E. C. Franklin, M.D., Professor of Surgery in the University of Michigan, etc., etc. Illustrated. Chicago: Gross & Delbridge. 1882. Pp. 423.

This work is just such an one as might be expected from the pen of one so experienced in teaching as our veteran author, and is properly designated as "complete."

The text is lucidly and concisely written, the therapeutics clear and practical, and the whole is well adapted to the uses of the general practitioner.

This book fills a gap which has never before been met, and we prognosticate a large demand for it.

A TEXT-BOOK OF MATERIA MEDICA, CHARACTERISTIC, ANALYTICAL AND COMPARATIVE. By A. C. Cowperthwait, M.D., Ph.D., Prof. of Materia Medica and Diseases of Women in the Hom. Med. Dep't of the State University of Iowa, etc. Second edition; revised and enlarged. Pp. 576; Chicago: Duncan Brothers. 1882.

The fact that a second edition of any work should be called for within the time which has elapsed since the issue of the first edition of the book under consideration, is sufficient evidence that it has met an appreciative demand.

The text has been thoroughly revised, and a number of additional remedies incorporated. We can justly say that it is *multum in parvo*!

TRANSACTIONS OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, 1881. Pp. 398.

This volume is an enduring monument to the efforts of the members of this hard-working society. The papers it contains should have a wider reading than they are likely to obtain from the present medium, and we shall take pleasure in abstracting from its contents as opportunity offers.

DR. J. EDWARDS SMITH sends us the report of the doings of the hospital connected with the Cleveland Workhouse, under the charge of Dr. H. F. Biggar, who says: "In comparing the mortality reports of the Ohio Penitentiary for six years with the reports of this institution for the same time, as well as the expenses for the same period, I find the number of prisoners sick in the Ohio Penitentiary to be 11,800, with 115 deaths, and the cost of medicines and medical attention was \$11,712.93, or ninety-nine cents for each patient. For the same period the Cleveland Workhouse treated 7,441 patients, with 17 deaths, and at a cost of \$4,192.46, or fifty-eight cents for each patient. This gives a rate of mortality in favor of the Cleveland Workhouse of four hundred and fifty per cent., and in expense in favor of the same of forty-one cents per patient. With the best mortality reports from other workhouses, we are thirty-six per cent. better than Detroit, and fifty-seven per cent. better than Allegheny, Pa."

## CORRESPONDENCE.

### OUR LONDON LETTER.

MESSRS. EDITORS: The discussion on Homœopathy at a meeting of the Guild of St. Luke, which I related to you in my last, was resumed and concluded last night (Feb. 15), and I will now endeavor to give you an account of the proceedings. The gentleman who failed to provide a paper for the meeting of last month found himself unable to do so for last night's meeting, and having given the Secretary timely notice, Dr. Richard Hughes, of Brighton, was asked by that gentleman to read one instead. Unfortunately Dr. Hughes was unable to be present, but he wrote a paper, and Dr. Edward Blake read it for him. Dr. Hughes entitled his paper "The Scientific Claims of Homœopathy." He said there were two lights in which homœopathy might be regarded—the historical and the scientific. He proposed on that occasion to confine himself to the scientific aspect. He showed how all medicine was more or less empirical, and that homœopathy did not pretend to explain drug action, but was merely a *methodus medendi* founded on well-ascertained data. He contrasted the various attempts that had been made to methodize the use of drugs—*enantiopathy*, *allopathy* and *homœopathy*—and showed how infinitely superior the last was to the other two. He quoted instances in which the law of *similia* had led to the discovery of the curative action of drugs, which could not have been discovered by any theory of drug action before Hahnemann formulated his law.

The Provost (Dr. Alfred Meadows) expressed in the name of the Guild their thanks to Dr. Hughes for his paper, of which he spoke in very complimentary terms, and also to Dr. Blake for reading it.

The Warden of the Guild (Rev. George Greenwood) said he had been much prejudiced against homœopathy, but in the face of the discussion of the previous evening and other facts that had come to his knowledge, much of his prejudice had given way. The paper that had been read was to him hardly satisfactory from a scientific point of view, as it did not *explain* what the action was, scientifically. He then formulated a theory of his own, and quoted analogies in the physical world. He asked if, in a case of diarrhoea, a homœopathist would dare to give any one of the many drugs that produced diarrhoea. He thought that there was want of frankness on both sides, that the old school did not acknowledge the benefit it had received from homœopathy, and that the homœopathist claimed to have discovered remedies that were in use long before Hahnemann flourished.

Dr. Willis said that, according to the paper they had heard, it appeared that homœopathy did not claim to be able to do everything in the way of curing patients, and that other remedial measures were not neglected by its professors. In this, one of his great objections to the system fell to the ground. It must be admitted that there was truth in the law of similars, for the undoubted instances in which drugs did cure diseases they had caused were very numerous. He thought homœopathists were wrong in adopting an exclusive position, thus making themselves a sect. They should submit their experiments and facts to the profession and to the public. They should also give up their distinctive name.

Your correspondent followed this speaker. In the name of the other guests and my own, I thanked the Provost for the kind and generous terms in which he had extended to us the invitation to be present on that occasion, and continue the discussion. I said I was especially pleased at the request he had made that the question should be discussed on purely scientific grounds. Too often, when the subject came up, some side point or other was raised, having no bearing on the fundamental principles, and then all useful discussion was at an end. The speakers on the previous evening had almost all said they had looked into homœopathy, but



had come to the conclusion that there was not much to be got out of it. That conclusion did not surprise me, as it required something more than *looking into*; it needed *putting to the test*, like any other question in science. I then referred to the Provost's remarks on the infinitesimal dose, and whether it was due to that having been given up that the change of tone of the profession generally toward homœopathy had come about. I thought that in this view the Provost was partly right and partly wrong. The great majority of homœopathic practitioners used, for the most part, the lower dilutions where the original substance was still perceptible to the senses of sight, taste, or smell. But they did not confine themselves to these, sometimes going to the crude drug, sometimes to the higher dilutions. On the other hand, there were some practitioners who used only crude drugs, or the lowest dilutions; and again, others who used the dilutions exclusively. Yet all these might be true homœopaths so long as they selected their remedies in accordance with the law of similars. The dose question left the foundation principle of homœopathy untouched. Hahnemann was not led to use infinitesimals by any transcendental theories. It was a pure deduction from experience. He invented theories to explain their action; but that was a different thing, and to believe in the reality of their action, one does not need to hold his theories. Dr. Murrell had recently given *drosera* to an old man suffering from whooping-cough. The case had been reported in the journals. *Drosera* was a drug having the power of irritating the respiratory tract, and producing a cough very like some cases of whooping-cough. The result of Dr. Murrell's prescription was that the man became very much worse. He then reduced the dose to one drop of the "one to ten" tincture—i. e., the Hahnemannian 1x—with the result of speedily curing his patient. That was precisely Hahnemann's experience. He found that when using drugs in his way, in the ordinary doses, the patients were made much worse at first, though in most cases a cure did ultimately result. He then gradually reduced his dosage, and found that the curative powers of the drugs were not diminished, and in some instances he thought they were increased, while their baneful effects were quite obviated. I then explained Hahnemann's method of attenuating his drugs, exemplifying *bryonia*, and showed how it was raised to the 6c. This produced a smile on some of the faces and an audible titter here and there; but I contended that this was a matter of fact, capable of proof or disproof by scientific experiment, and our sense of the ridiculous was not the proper tribunal before which it ought to be tried ("Hear, hear," from the Provost). It was unfair to speak of the homœopathic attenuations as if they were simple dilutions, and to ignore the method in which they were raised. I then explained how gentlemen who said drugs did not produce diseases could ascertain the truth by proving them on themselves, and then how they could among their chronic out-patients prove the truth, or otherwise, of the law of similars by giving the drugs they had proved in the cases where the sufferings reminded them of their own. They could ascertain the value of the dilutions by using the low first and gradually going higher. In this way only could the question be settled. No amount of *a priori* reasoning would suffice. It was tedious, no doubt, but not more so than the experiments in the new study of pharmacology, while the fruits of it were infinitely more valuable than those afforded by the latter.

A speaker on the other side thought Pasteur's recent discoveries favored the theory of homœopathy. He asked if homœopaths would give an alkali in poisoning by an alkali.

Dr. Dudgeon was sorry because he could not claim Pasteur's experiments as supporting the truth of homœopathy. To give an alkali in alkali poisoning was not homœopathy. In reference to the Warden's remarks, he said homœopaths would not give any one of the

drugs that produced diarrhœa to a patient suffering from that complaint. There were as many different kinds of diarrhœa as there were different kinds of fever, and the one drug of all the others which produces a state most like that found in the case to be treated should be selected for the cure. He spoke of the ingenious and interesting theory of that gentleman, but said this and many others had been brought forward by homœopaths long ago and given up; for while they afforded a certain analogy, they did not in any way explain drug action, and the human organism was so very complicated and contained so many different forces, that no useful comparisons could be drawn between the laws to which it is subject and the laws which govern the brute forces of nature. Referring to the remarks of Dr. Sansom on the previous evening, he said that while homœopathy was said to be the treatment of *symptoms*, the latest scientific treatment consisted in the treatment of a *symptom*—e. g., the cold-bath treatment for the high temperature of typhoid. Homœopaths were guided by the symptoms of a case in the selection of a remedy, and they thus succeeded in getting rid of the disease. Disease was only known to us by its signs and symptoms, just as we know a man by his features, and we know a likeness to be intended for him by its features. When the features of a disease suggested to us the features of a drug-proving, we selected that drug for our remedy.

A speaker on the other side said that homœopathy treated *symptoms*, whereas rational medicine was to treat *causes*.

Dr. Dudgeon again rose, and asked for an example of the treatment of the cause. He said there were causes of two kinds, remote and proximate. Homœopaths got rid of the remote cause when still operating, if it were possible; but as for the proximate cause, which was identical with the ultimate pathology of the disease, he asked who could tell what that was. There were endless theories, but no agreement. For example, there were 15 different theories about the proximate cause of diabetes. Which of them should be treated? If it were believed that the proximate cause was in the *medulla oblongata*, how should that be treated? The fact was, there was no means of getting at the proximate cause except through the signs and symptoms, which really constituted all we knew about disease.

Mr. George Cowell (F. R. C. S., Senior Surgeon to Westminster Hospital) said it must be admitted that homœopathy had done a great deal for the practice of medicine, and that it had introduced many new remedies. He thought there were some homœopaths who really believed in their principle and stuck to it, and these men he could respect. When, however, men played fast and loose with it, and held themselves open to use other means when they got into difficulties, he did not know how they could honestly ("Oh!" from his own side) call themselves homœopaths. He thought that the great difficulty was in the name. It was true some remedies did act homœopathically, but some just as truly acted allopathically. He was in favor of meeting homœopaths in consultation.

With the Provost's permission, I then rose and said that, though homœopaths believed in their rule, they neither thought it infallible nor themselves infallible in the using of it, and they do not shut themselves out from using any means that came to hand for benefiting their patients when they found, as they sometimes did, that their remedies failed. At the same time, 95 per cent. of their treatment was homœopathic. As for the name, it represented a *thing*, and the name could no more be got rid of than the dictionary could in which it had found a place. If it was not true it was susceptible of disproof, as any other scientific proposition was. Let that be done, and then we would think of getting rid of the name. Trousseau and Pidoux had accepted the *thing*, and had called it "Substitutive Medicine," but this involved a theory, and was so far inferior to the word "homœopathy," which merely expressed a fact.

A previous speaker had said that the great fault of homœopaths was their sectarian position and their failure to submit their case to the profession. I admitted that we were only a sect in the dictionary sense. We were not schismatics. We had not separated ourselves, but had been cut off from professional intercourse because of our opinions. We had been compelled to form societies and start journals of our own, for the advancement of ourselves in our art. No medical society in the country would admit us, knowing we were believers in homœopathy, and none of the journals would receive our cases.

Dr. Lang strongly contended for the justice of the last speaker's remarks.

A member of the guild asked if homœopaths used *nux vomica* in tetanus.

Dr. Blake said that was so, and it had even become part of the recognized practice of the old school. The speaker then paid a well-deserved compliment to the Provost and members of the guild for the kind and liberal spirit they had shown to the "naughty boys" of medicine, and said he thought Mr. Cowell would repent of his imputation of dishonesty to some homœopaths on his way home. He wondered how that gentleman (who sat just before him) dared trust himself in such close proximity to him (the speaker) without fear of losing his pocket-handkerchief. The gentleman who complained that homœopaths had not appealed to the profession with their facts reminded the speaker of the garroter who protested that he didn't hurt his victims, because *they never cried out!* In reference to the Warden's question on diarrhoea, he said he once had a child to treat suffering from very aggravated *porrigo capitis*, and at the same time from diarrhoea "of the artillery kind." He gave *croton oil*, and both were cured, the diarrhoea very speedily, and the head soon after. Asked about the dose, he said he was afraid to mention that—it was the billionth—the sixth dilution which they had heard described. Of course he left it to his hearers to decide the question of *post hoc* or *propter hoc*. He handed the Warden a book showing the number of common remedies that owed their first use to homœopathy. He said that *nux vomica* was a scientific toy till homœopathy discovered its virtues and made them known. With regard to infinitesimals, he said he grew to value them more and more for children, thinking that for old people their toughened tissues required the lower dilution to show their best effects.

This ended the discussion. Apart from the immediate good derived from so thorough a ventilation of the subject, the incident possesses no little significance. It has demonstrated that it is possible for medical men of opposite views on this vexed question to meet and discuss calmly its salient points. It has shown, too, not only the possibility of considering the question from a scientific point of view, but also that there is a willingness on the part of those who oppose it to give it a scientific consideration. Naturally, it has also brought to light many of the old prejudices, but, for the most part, only to be exploded. Some of them were mutually destructive, one speaker objecting to homœopathy because it did not admit the value of the remedial measure, and another because it did.

I fear I have left myself no room in this letter for other items of interest, but I have nothing to tell that will spoil by keeping for another month, so will trespass no further on your space at present.

Yours, fraternally,

JOHN H. CLARKE, M. D.

15 St. George's Terrace, Gloucester Road, S. W. February 16.

**NAPELINE.**—The soluble amorphous alkaloid of *aconitum napellus* is less toxic than *aconitum*, and at the same time more hypnotic and anodyne. In neuralgia when indicated, the effects are most happy.

## OBITUARY.

### DR. WILLIAM SCHERZER.

Died in Savannah, Feb. 21st, after a painful and lingering illness, Dr. Wm. Scherzer. He was born Aug. 7th, 1825, in Bavaria, where he spent the early years of his life. In 1848 he came to this country and removed to Savannah, Georgia. He early showed great aptitude for music, which he cultivated to an extent which furnished him a comfortable living. At the advice of Dr. J. M. Schley he was induced to study homœopathy, which resulted in his graduation at the Hahnemann Medical College of Philadelphia, in 1857. He then returned to Europe to complete his studies and spent three years there, dividing his time between Vienna, Prague and Leipzig, at which latter place he made the acquaintance of Dr. Clotar Müller, and assisted him in his clinic.

On his return to this country he began practice in Charleston, soon, however, to remove to Macon, Ga., where his abilities and industry soon brought him prominently forward.

In 1866 he returned to Savannah, where he remained two years.

In 1868 he removed to New York, where he soon acquired a lucrative practice. He was appointed one of the visiting physicians to the Homœopathic Hospital on Ward's Island, and served on the Visiting Board up to his last illness.

In 1881 he contracted from exposure and overwork a broncho-pneumonia, followed by a cardiac trouble, which compelled him to give up his practice and go South.

He lingered till Feb. 21st, 1882, when, while passing the evening with a few friends, he suddenly expired.

He was a hard student and thoroughly devoted to his work, and his death will prove a loss to Homœopathy. His industry and indomitable will brought him professional success, while his genial manners and generous nature procured for him many friends. E. R. C.

**SUPRA-PUBIC SECTION.**—M. Perier (*Le Prog. Méd.*) gives two cases of this operation. The first one was a patient who had introduced into the bladder a piece of gum catheter 0.020 long, from which had arisen cystitis and grave symptoms. The bladder was distended, but the tube could not be withdrawn by the lithotrite. Vesical injections were used, and *Salicylic acid* given internally. Prolapsus recti and hæmorrhoids were present, so the hypogastric incision was made. The bladder was injected with a *Carbolic acid* solution, and a sound introduced. A water-pessary was placed in the rectum, and the usual incision made in the abdominal walls. The pessary was withdrawn after the operation, and the bladder retracted upon itself so thoroughly that it was not thought necessary to suture it. The abdominal wound was partially closed and a drainage tube inserted. Listerism was used. On the seventh day the urine passed from the urethra, and on the twenty-eighth day cicatrization was complete. The second case was a man 53 years of age, who was suffering from a very hard calculus. The operation was performed as above, and the stone easily removed. Renal lesions caused the death of the patient, but at the autopsy it was found that the wound in the bladder had entirely healed.

M. Anger uses an instrument with a groove upon its convexity, whereby the anterior wall of the bladder can be raised. The vesical wall is thus easily reached, except in the cases of very large calculi; it is here that the rectal dilatation may be of service. The principal indications for the hypogastric section are the excessive volume and hardness of the prostate.

M. Monod preferred a partial suturing of the bladder. (T. M. S.)

## REPAIR OF RUPTURED PERINEUM AND UNCOMMON SEQUEL.

By WM. BRYAN, M. D.,

Resident Surgeon, Hahnemann Hospital, New York City.

The following case is reported because I believe the phenomena manifested subsequently to the operation to be unusual. Diligent search has failed to find another recorded, and inquiry among the different operators with whom I have conversed leads me to infer that they have not encountered it. My own experience in this hospital, where the operation has been done many times, and where opportunity is afforded for constant observation of patients during convalescence, has not furnished another.

Mrs. A. C., *et. 24*. Admitted to Hahnemann Hospital October 31, 1881. Family history unimportant. Milliner by occupation. Menstruation began at 14. Always irregular, would last from three to six days. Married at 18. One child born five years, and one miscarriage four years before admission. Never recovered her ordinary good health after baby born. Complained of bearing down, dragging sensation from lumbar region whenever she attempted to walk. Vesical tenesmus, micturition painful. Physical examination revealed bilateral laceration of cervix uteri, eversion of lips, and considerable erosion. Many of the mucous follicles had undergone that cystic degeneration to which attention has been drawn by Dr. Emmett, and on the recognition and proper treatment of which so much depends in the curing of this lesion. The perineum was torn through to the sphincter ani, together with slight prolapsus of posterior vaginal wall. Operation was decided upon and preparatory treatment begun at once. This consisted in the use of the hot douche twice a day, every second or third day the careful puncturing of the cysts with a fine pointed instrument, and tr. *iodine* to erosion, with the appropriate medication.

November 16. Dr. Wm. O. McDonald operated for the laceration of cervix, and ten days after the stitches were removed, adhesions firm, cervix much reduced in size. In the interval between the introduction and removal of the sutures nothing of note occurred—nothing that differed from the ordinary after history of such cases.

December 20. To-day while replacing the uterus—which was retroverted—slight adhesions of recent formation were found holding fundus posteriorly. An attempt will be made daily to replace uterus, and have patient assume genu-pectoral position for a while after it, and so overcome them.

December 29. Dr. Wm. O. McDonald operated on perineum. After dissecting up flap of mucous membrane, not removing, but leaving it attached all across upper border of wound—on posterior wall of vagina—four silver sutures were introduced quite deeply and edges approximated. Then the flap of mucous membrane hung down over all as an apron.

The patient gradually regained consciousness, and as she did so the peculiar feature of the case appeared. At regular intervals of about eight minutes she would cry out loud enough to be heard all over the premises, complaining of intense, agonizing pain in perineum. The patient was not what is commonly termed hysterical, had not shown a tendency to exaggerate her suffering, and during the intervals of relief was quite herself. After a few moments of comparative comfort she would suddenly withdraw her attention from whatever it had been directed to for the time being, respiratory muscles would become fixed, hands clenched, mouth tightly closed—in fact, every expression that of one about to resist some severe bodily strain. The pain would steadily augment until a degree was attained that seemed unbearable, the patient—who, during the first of the paroxysm had held her breath—now gave vent to a piercing shriek, and with it the pain would begin

to subside, and gradually pass off, leaving her with relaxed muscles, utterly exhausted and panting for breath. The paroxysm altogether was very similar to the expulsive stage of labor, except that instead of bearing down the patient made every endeavor to prevent motion of any sort. On the evening of the second day a careful examination was made. Everything appeared as it should be about the wound, but while scrutinizing the parts I noticed that immediately preceding each pain the sphincter ani would contract forcibly and draw upon the wound. To assure myself of this, I introduced my finger into the rectum during an interval of rest. In a few minutes I could feel it contract, at first gradually, then my finger was grasped so tightly that it was withdrawn with difficulty. As the muscle tightened and then relaxed, the woman passed through the stages mentioned above. During the first three days the paroxysms occurred regularly every eight or ten minutes, and the suffering was so severe that I was obliged to use anodyne suppositories, the only thing that afforded relief. After that, the intervals were longer and the paroxysms not so severe, but she was not entirely free from them for six days. The stitches were removed on the tenth day and a most perfect result obtained, notwithstanding the traction to which the wound had been subjected as the muscle contracted. In two weeks the patient was up and about, and at that early date much improvement could be perceived in her condition. In connection with the case, it may be interesting to know that the catheter had not been used at any time. She was directed to evacuate the bladder at will, but great care was taken to syringe off the wound thoroughly each time.

From observations made in the hospital, I am convinced that much unnecessary suffering may be caused, much harm done, by the too frequent or injudicious use of the catheter immediately after operations of this sort. Where it is used frequently, for several days, almost invariably, vesical irritation, often cystitis, is produced. I believe by avoiding the use of the instrument altogether, allowing the patient to urinate and then have her carefully syringed off, all danger of urine interfering with the healing process is prevented. Frequently I have let the patient go, after operation, only evacuating the bladder once or twice in twenty-four hours, and find they do better than where the catheter is used at shorter intervals.

## ACUTE YELLOW ATROPHY OF THE LIVER, AND ITS TREATMENT WITH PHOSPHORUS.\*

By GEO. E. GORHAM, M. D., ALBANY, N. Y.

Acute yellow atrophy of the liver is comparatively a new disease in our nomenclature. While cases of malignant jaundice, associated with serious brain symptoms, have been occasionally recognized and described, since the time of Hippocrates, it was not until Rokitsky, in 1842, investigated these cases, that we knew much of the pathology, symptoms and course. Later, Frerichs, Murchison, and Thierfelder have given us exhaustive articles on this very rapid and fatal disease. It is characterized by deep jaundice, rapid atrophy of the liver, usually immediately followed by, or accompanied with, greater or less disturbance of the brain. Thierfelder divides the disease into three stages: a prodromal stage, commonly of two or three days' duration, resembling in every respect a gastro-duodenal catarrh. The appearance of jaundice marks the beginning of the 2d stage, which may be of a few days' duration, or of a few hours only. During this stage, dull, aching pain is complained of in the hepatic region, and great soreness is found on deep pressure. Nausea and vomiting are also present; the substance vomited often having the appearance of coffee grounds. Urine loaded with bile

\* Read at the State Society Meeting, Feb., 1882.



products, stools soft and clay-colored. With the beginning of the 3d stage, we observe in addition to the above, various brain symptoms. Delirium—occasionally of the most excited type, followed by stupor and ultimately coma, in which condition the patient sinks and dies. Thierfelder has given a tabulated statement of 102 fatal cases, of which 37 died in less than 10 days. During the course of the disease in all cases, rapid atrophy of the liver takes place and can be detected by the diminishing area of hepatic dullness, except in cases of already existing organic disease with enlargement. The pathological researches show complete destruction of the hepatic cells; the liver yellow and large portions of it, a granular mass. Different theories prevail as to the cause of this pathological condition, some claiming it is the result of an acute, diffuse hepatitis in which the whole parenchyma is involved, and others that it is a retrograde metamorphosis, which takes place in this large gland because of a very low state of the vital forces, or because of some unknown poison in the system.

The treatment of these cases so far, has been of no avail. Assuming that we had to combat an inflammatory process in the liver, attempts have been made by cathartics, the abstraction of blood, and other general antiphlogistic means; but death has been the result. Tessier reports one case cured by *aconite*, but his diagnosis seems to have been questioned, and therefore the prognosis, according to the eminent authors from whom I have quoted, is death in from a few hours to a few weeks.

Dr. Richard Hughes, of England, Dr. Holcomb, of New Orleans, and Dr. Burt, of Chicago, have called attention to the striking analogy between acute yellow atrophy and *phosphorus* poisoning, and, accepting the law of similia, have advised the administration of this drug for the cure of acute yellow atrophy of the liver. In the study of *phosphorus* poisoning in Ziemssen's Encyclopedia, I find it is impossible to distinguish in some cases, either from the subjective and objective symptoms, the general course of the disease or the pathological state of the liver, acute *phosphorus* poisoning from acute atrophy of the liver. It has been my fortune, or misfortune to see two of these very interesting cases.

The first occurred in a lady 60 years of age. I was called to her at 2 P. M., she having been taken ill during the night. She was jaundiced, vomiting a dark coffee-ground mass, complaining of soreness when pressure was made over the liver. She was in a state of stupor and died at 9 that evening.

A post-mortem, at which Dr. Bigelow and Dr. Nellis, of this city were present, proved the correctness of the diagnosis. Acute yellow atrophy of the liver. The liver was found reduced to  $\frac{1}{3}$  its normal size and a soft degenerated mass.

I learned on inquiry that the lady had passed through the prodromal stage above described, but had not called a physician.

The second case came under my notice last Sept., and for five days I treated her with *aconite*, *nux*, *hydrast* *can.* and other seemingly indicated remedies, for what appeared to be gastro-duodenal trouble—pain, vomiting, soreness, and slight fever being present. At the end of the fifth day, jaundice appeared, which I thought was catarrhal icterus, supposing inflammation had extended to the hepatic ducts producing occlusion. Hot fomentations were applied over the liver; *aconite*, *bryonia*, *mercurius*, and *pod.*, were given at different times for three days, but my patient grew rapidly worse. There was great prostration, mild delirium with stupor. Pulse rapid and very weak, and, I believed at this time, quite marked diminished area of hepatic dullness.

I diagnosed acute yellow atrophy and gave the gravest prognosis. Dr. Carroll saw the patient in consultation, and fully concurred in the diagnosis and prognosis. At nine o'clock of the same evening, we decided to try *phosphorus*. With patient rapidly sinking, with pulse at 126, respiration 30 and temperature 104,

I gave *phosphorus*, 2x dilution of the alcoholic tincture, 15 drops in half a goblet of water, teaspoonful every hour. The next morning the soreness and pain in the liver were less, and there was slight improvement in pulse and respiration. Steady improvement continued, much to the surprise of all for two days, when, wishing to be sure of the action of *phosphorus*, I discontinued it and gave *pod.* and *bry.* The pain and vomiting returned, and in 12 hours, my patient was in every way worse, as shown by the increasing frequency of pulse, rising temperature, etc. *Phosphorus* was again resorted to and under its continued influence in dilutions from the 2d to the 3d, she made a complete recovery in four weeks.

## TRANSLATIONS, GLEANINGS, ETC.

THE EFFECTS OF OPIATES and similar drugs to blunt the sensibilities or cause stupor, where pain exists, or sleep is desirable, I believe to be most pernicious, because thereby the vitality is lowered and the healing process more or less interfered with, in proportion as the dose is increased or diminished. During a residence of months at a time in large army hospitals, containing sometimes 2,000 wounded, abundant opportunity was given me to observe the effects of *morphia*, where the cases were of a kind and all under similar conditions, and again in the same cases where the drug was given at one time and withheld at another.

The changes for the worse in the discharges and general condition of the subjects forced me to conclude that the practice was hurtful, and since 1865 I have never given an opiate to a surgical, and only in one instance to a medical case, believing that by narcotics repair is hindered and strength decreased. To put the patient under the most favorable hygienic conditions, by attention to cleanliness, diet, ventilation, and sunlight; to encourage hope and cheerfulness and exclude tea, coffee, tobacco, and alcoholic stimulants, the latter used rarely and in emergencies; in other words, to see that the case has good nursing, puts it under the most favorable conditions for recovery. Medicines are not required unless untoward symptoms call for them, and then to be given with caution.—Prof. M. Macfarlan, in *Hahn. Monthly*, Nov.

OVARIOTOMY UNDER DIFFICULTIES—RECOVERY.—Professor Ludlam, of Chicago, removed, October 11, 1881, an ovarian tumor from a woman 56 years of age, on whom three distinguished gynecologists had declined to operate, probably because of the disappearance of the effusion at one time, with a copious flow of urine, and, possibly, also because the uterus could not be found.

The incision was made through four inches of adipose in the abdominal parietes. The weight of the tumor was 29 pounds. Naturally enough, such an amount of fat lying over the cyst obscured the diagnosis, and added greatly to the risks of suppuration during the after treatment; yet the patient left her bed on the twenty-eighth day, and is now well again.—*The Clinique*, Dec. 15, 1881.

RELATIONS OF ANGINA PECTORIS TO DIABETES.—At the meeting of the Académie de Médecine, held on November 22, M. Vergely, of Bordeaux, read a paper with the above title, of which the following are the conclusions:

1. The attack of angina pectoris may be associated with diabetes.
2. The attack may be simple, or accompanied by intermittent neuralgias.
3. It can occur independently of any cardiac affection.
4. In attacks of angina pectoris, the urine should always be examined to determine whether the neurosis or neuralgia is not associated with diabetes.—*Bull. Gén. de Thérapeutique*, Dec. 15, 1881.

**NARCOLEPSY (L'Art Méd.).**—Dr. Gelineau proposes this name (*ναρκοψία*, somnolency, and *λεπτανο*, to seize suddenly), for a neurosis which is rare, or at least, but little known, and is characterized by a sudden irresistible desire for sleep, ordinarily of short duration, reappearing at intervals more or less remote, and obliging the patient to lie down or to fall. The name of narcolepsy will recall the double analogy between this affection and somnolency and catalepsy. A paper by Dr. Nicolas on the somnolency or sleep disease among the negroes (West Indies), brought out an interesting observation by M. Caffé which M. G. quotes at length. This man was 47 years old, and had never had any previous disease, and was temperate in all his habits. All forms of treatment failed except a marked amelioration, but not a cure, obtained at the thermo-mineral waters of Brides-les-Bains. The further history of the patient was not obtained. The second case was also unimproved after long and varied medication; another case was very much improved by metallotherapy.

The disease in many cases seems to be idiopathic or essential and not connected with any appreciable cause. In many cases the subjects do not complain of any other suffering than the sudden onset of the somnolency; there is no diminution of the muscular force; the examination of the organs is negative; the intellect is clear, and no other disease can be detected, but several physicians have many times noticed narcolepsy in hysterical patients of from 16 to 40 years of age. It has been seen also in hystero-epilepsy, diabetes, etc.

At other times the disease seems to be connected with different organic troubles. These phenomena of sleep can be attributed to the action of a vaso-motor innervation producing at one time anemia of the encephalic cells and at another time hyperemia. M. G. thinks the disturbance in the functions of the vaso-motors arise from the cord at the origin of the vascular nerves. Relying upon the authority of M. Vulpien, he establishes the seat of the neuroses in the annular protuberance, the centre of association of the emotional movements. *Picrotozine* alone or in combination with different bromides, the vapor of *Amyl*, subcutaneous injection of *Apomorphine*, blister at the neck, *Caffeine*, *Valerianate of Caffeine* and the *Arseniate of Strychnia* carried to the point of jerking of the limbs, gave either no relief or but very slight amelioration. He thought that in another case he would treat it with *Hyoscyamine* and *Caffeine*, carried until their physiological effects were obtained.

To this Dr. Hermel adds that the medicines advised produced the sleep which they cure. For instance *Hyoscyamus* or its alkaloid *Hyoscyamine* produces, according to Vicat (Poisonous Plants), an overpowering desire for sleep; according to Hamilton, *irresistible desire to sleep* \* \* \* and the alternating effects of agitation. (T. M. S.)

**LIME SALTS IN PREGNANCY.**—It is known (*Therap. Gaz.*, from *Gazetta Medica di Turin*) that during pregnancy certain females suffer from neuralgia and caries of their teeth. It is supposed that at this period such females are inclined to eat quantities of chalk or lime, in order to develop the osseous system of the fetus, and in default of obtaining it the teeth of the mother suffer with increased pain. As a consequence of this theory, it is proposed to treat neuralgias and dental caries with chalky preparations, and above all with *Lacto-phosphate* and the *Hypo-phosphate of Lime*.

**AGARICUS IN TREATMENT OF NIGHT-SWEATING.**—R. Norris Wolfenden, B.A. (*Med. T. & Gaz.*, Oct. 8), states that he has administered *agaricus* in nearly forty cases of night-sweating of phthisical patients with complete success. The drug is quite innocuous in any dose. Twenty grains are usually sufficient, given at bed time, though 30 grains may be necessary to quite check the sweating.

**LONG vs. SHORT MIDWIFERY FORCEPS.**—The long, doubled-curved forceps stand prominently forward, as the instrument of all others scientifically fitted to meet the requirements of the obstetric surgeon (*Braithwaite's Retrospect*). To compare the long and short forceps together is to compare things completely incongruous; the one being an instrument almost perfect in its power of scientific adaptation; the other being essentially useless. Again, though so small and handy looking, the short instrument is really not of so easy application for ordinary cases as the long double-curved forceps. The pelvic curve in the long instrument makes its application, even in the middle of the bed, a matter of little or no difficulty. This pelvic curve also does away with the necessity of paying such strict attention to the position of the head, for the blades, of course, must be placed in one or other of the oblique diameters, and nearly parallel with the sides of the pelvis. It is in this position the blades have the most room, and they naturally and easily glide into these spaces in the ordinary presentation. A purely lateral grasp of the head is still taught and practised by some, but the oblique grasp of the head was long ago pointed out by Smellie, insisted on by Simpson, and is still taught by Barnes, Playfair, and other leaders in the art. An apparent exception to this rule is, of course, found in cases where the head is quite down on the perineum, and in the ordinary position of face looking directly backward to the sacrum. Here the grasp, as a rule, is more on the lateral aspects of the head, one blade being before one ear, the other behind the opposite one. Like others, I have applied the blades transversely—i. e., over the ears of the child—in order to rotate in cases of occipito-posterior position where, for some cause, natural rotation into occipito-anterior position has been arrested. This I now believe, to be seldom necessary, as the pelvic curve in Simpson's long forceps (the instrument I chiefly use) is so slight that traction alone with the oblique grasp will bring the head into its proper position.

**THE SPECIFIC GERM OF GONORRHEAL PUS.**—It is stated in the *Jour. de Med. and de Chir. Pratiques*, November, 1881, that after many unsuccessful attempts, a specific microbe has been discovered in the pus of gonorrhoea. There still remain to be made culture experiments, which have not yet been begun.

In connection with this alleged discovery, particular attention is called to the action of *permanganate of potassium* on the parasite. In all cases of vaginal gonorrhoea treated in the service of M. Spillman, of Nancy, by means of injection of this salt, the parasites diminished rapidly in number, their enveloping zone disappeared, and changes in appearance took place which showed either their destruction, or at least great alteration, as a result of the application of the salt. The strength used was 0.35 centigrammes to 1000.

**POISONING BY WINSLOW'S SOOTHING SYRUP.**—In the *Sanitary News*, December 15, 1881, there is a report of another death of a child eight months old, from the administration of a teaspoonful of "Mrs. Winslow's Soothing Syrup," the symptoms of poisoning by *morphia* being well marked. Analyses of this dangerous nostrum have shown that each ounce of the syrup contains one grain of *morphia*; so the dose, according to the directions on the bottle, for a child eight months old, contained one-eighth of a grain of *morphia*. It is about time that legal proceedings should prohibit the sale of such dangerous compounds, when advertised as inoffensive.

**FUCHSINE IN BRIGHT'S DISEASE.**—Renzi has observed (*Gaceta Cientif*) an evident diminution of the albumen in the urine under the influence of this drug. He gives it in doses containing 0.025 up to 0.05 in 24 hours. The urine is of a reddish color, but does not contain any essential organic detritus.

**TREATMENT OF PARALYSIS AND CHOREA BY CENTRAL GALVANIZATION AND GENERAL FARADIZATION.**—Dr. A. D. Rockwell advances the following statement in a contribution on this subject to the *N. E. Med. Monthly*, No. 1: "In my hands central galvanization, in its power more or less to relieve the violence of the senile forms of paralysis agitans, and to occasionally cure the disease as it occurs in middle life or before, has proved superior to any and all other methods of treatment. In central galvanization the electrodes are so placed that the whole central nervous system is brought under the influence of one pole at one sitting and without any important change of the position of the other. Besides the central nervous system, the pneumogastric and the stomach itself are also affected; in a word, the great centres of life, of health and disease. In the treatment of chorea, although central galvanization has frequently done good service, I can but conclude, after repeated trials, that general faradization acts the most rapidly and kindly. In claiming for the latter method—not, indeed, the certainty of a specific, but a power unique and unrivalled in the treatment of chorea—I do so after an experience in cases more than I can well recount, and where, in almost every instance, they had advanced to a condition that might fairly be termed chronic. The differences between general faradization and general galvanization are most important. In the one, only the faradic, in the other only the galvanic, current is used. While central galvanization directly affects the central nervous system, general faradization affects more especially the muscular system and peripheral nerves, and only indirectly and by reflex action affects the brain and spinal cord. Both are powerful tonics, and are adapted for conditions of debility, by whatever name they may be known, and both—properly adapted to individual cases—are potent for the relief of spasmodic muscular action." Two confirmatory cases are adduced.

**NOVEL USE OF MOSQUITOES AND BEDBUGS.**—A recent writer, under the name of "Medicus," in the Dallas (Texas) *Herald*, asserts that mosquitoes contain a large quantity of animal *quinia*, and therefore when they bite a person they inject into his system an antidote to malaria and febrile causes generally. He says that he has captured quite a number of these insects, and macerating them in a mortar with alcohol, has by chemical experiment actually precipitated the sulphate of *quinia*, or *quinine* of the drug stores, to the amount of seventy per cent. of the mass. In like manner, he believes that "chinchies, annoying as they may be, have a purpose, and night after night they are working the accomplishment of that purpose, achieving those duties which, as factors in the economy of nature, are incumbent upon them. The chinch, in sucking blood from the human body, draws nourishment and strength, and, above all, the material which in the retorts of his body is distilled into a rich fluid which he in biting one injects into the body to take the place of the blood he has but borrowed, and this entering into the circulation furnishes an antidote against rheumatism." When this disease, as is so frequently the case, has arisen from taking mercurial preparations in excess, the bedbugs, by their antidotal treatment, overcome and neutralize the mineral poison, and the cause being removed the rheumatism gets well!

**GLONOINE IN SEA-SICKNESS.**—Dr. M. M. Eaton, in *St. Louis Clin. Review*, Oct. 15, says:

*Glonoine* 3x, pellets, wife and I found to give relief from sea-sickness, and a preventive as well. Neither of us missed a meal going or coming. Any symptoms of sea-sickness were quickly banished with ten or fifteen pellets of the *Glonoine*. I used it with equal success with others, and being surgeon of the ship *Australia* on our homeward voyage, I had good opportunity to test it. Recommend *Glonoine* with confidence.

**THE JAPANESE OTACOUSSTIC FAN.**—Deaf persons desiring to avail themselves of "the dental transmission of sounds," but who have been deterred by the extravagant prices demanded for the "Audiphone" and similar contrivances, will be glad to learn that our Japanese friends have taken advantage of their great facilities for the production of all kinds of fans to manufacture a cheap and effective instrument of the kind. It is described and figured in the *N. Y. Med. Record*, Sept. 10, by Dr. Samuel Sexton, who, after thorough trial, pronounces it more satisfactory than any sound-transmitting fan yet produced. "These fans," he says, "are made of lacquered material, have several shapes, and are of different qualities, but not altogether unlike the Audiphone, after which they were modelled. The lacquered sheets of which they are made seem to answer the purpose better than the vulcanite of which the Audiphone is constructed; they are by far the more durable of the two, and much cheaper—the lowest in price being the best. They range in price from 33 cts. up to \$3.00 each."

Dr. Sexton's experiments have also led him to devise a dental sound-transmitter, of German silver, nickel-plated, which can be attached to almost any fan. It is made by Mr. Ford, of Messrs. Caswell, Hazard & Co. By means of this instrument, a great variety of fans become available for the transmission of sound. The ordinary Japanese fan of commerce, which costs but five cents, is found to answer as well as any other, although not so durable as the Japanese Otacoustic Fan.

**CREMATION IN EUROPE (Le Prég. Méd.), Denmark.**—At the last reunion of the Society of Cremation of Copenhagen, the General-Secretary stated that the society numbered 1,409 members, among whom are 83 distinguished physicians and many well-known Protestant divines. The apparatus in use by the society performs cremation in about one hour, and the cost is only from seven to eight francs. It was hoped that the question of economy would be an assistance in spreading the practice among the people, since the cost of funerals by the ordinary method was very high.

**Italy.** There are nine societies in Italy, and new crematories have been erected in Rome, Varese, Pavia, Cremona, Udine and Livorno. An inhabitant of Milan had offered the city a sum of 20,000 francs to establish and maintain at the cemetery a hall in which autopsies might be held upon those bodies destined for incineration, especially in cases in which the diagnosis had not been definitely made, or the cause of death was doubtful.

**Hungary.**—The sanitary committee of Buda-Pesth has issued a circular in which it is declared that incineration is salutary in the point of view of the public health; but it ought to be optional, and a special cemetery should be designated for it. (T. M. S.)

**AMOUNT OF OPIUM USED IN THE UNITED STATES.**—It appears that a great mistake has been made in regard to the quantity of *Opium* consumed in this country, which is not nearly so great as has been represented. The error has grown out of the fact that a larger quantity is reshipped to foreign countries, after being entered, than is consumed at home. Neither has there been any very great increase for the last five years, which have averaged about 230,000 pounds per annum. This would make considerably less than a drachm to each individual.

**SUPPLEMENTAL MAMMÆ.**—In Montejo, Spain, there is a woman who possesses four mammae, the additional organs, which are somewhat smaller, lying about two centimetres below the two which occupy the natural location. She nurses from all the breasts: all secreting an equally abundant supply of milk (*Gaceta Cientif.*).

An enlarged spleen was removed from a female patient in Milan, Italy. She died within a few hours.



## INFLUENCE OF RACE UPON THE ACTION OF POISON.

—The researches of M. Chauveau (*Jour. Therapeut.*) upon the relative immunity of Algerian sheep from malignant pustule, give support to this question. M. Bordier finds that the edible frog (*Rana Esculenta*) and the ordinary frog (*Rana Temporaria*) act very differently under the same quantity of *cafein*; whilst the tree frog (*Rana Viridis*) is less sensitive to the action of *veratrin* than the two preceding forms. In Tarentin, according to Darwin, the inhabitants only breed black sheep because the *hypericum crispum*, which abounds there, kills off all the white sheep within 15 days. In Virginia the *lachnanthes tinctoria* destroys the white fowls, whilst black ones eat it with impunity. Cl. Bernard showed that different races of dogs and horses possessed distinctive physiological characteristics which were proportional to differences in the properties of certain histological elements, more especially in the nervous system. Negroes can take enormous doses of *tartar emetic*, and according to Dr. Thaly, they can ingest one gramme in the course of 24 hours with no more effect than would be produced by five cgr. in a white man. They also bear *mercury* well. Broca also noticed that decomposition sets in more slowly in the bodies of persons belonging to this race. The negro can similarly carry a large quantity of *alcohol* without being overpowered by it; and in the black, white and yellow races an equal quantity of *alcohol* will not produce a similar state of intoxication. The yellow race can take large doses of drastic medicines.—*Practitioner*, Aug.

COMPARATIVE VALUE OF THE MYDRIATICS.—At the meeting of the Amer. Ophthalmol. Soc. (*Arch. of Ophthalm.*, Sept.) Dr. S. D. Risley read a paper on the comparative value of the *sulphates of atropia, duboisia and hyoscyamia*, and the *hydrobromate of homatropia*, for the purpose of determining errors of refraction. An accompanying table showed conclusively that in the routine of practice either of the new mydriatics had secured to the patient a much shorter course of treatment and a great saving of time to the surgeon. These advantages were multiplied by the rapidity with which the influence of the *duboisine, hyoscyamine* and especially the *homatropine*, disappeared. While *atropine* maintained a partial control over the accommodation for from seven to fourteen days or even longer, after using *duboisine* or *hyoscyamine* the patient could read on the third or fourth day and its influence had quite disappeared on the fifth day. The showing for *homatropine* was still more favorable, since it relinquished its command in twenty-four hours, the patient often being able to read in from eight to twelve hours. Regarding their relative efficiency, it was found by the study of a series of carefully compiled tables of comparison, that, when used after the methods pointed out in the paper, for the purpose of correcting errors of refraction, the new mydriatics were quite as reliable as *atropia*, which because of the long experience had in its use, was taken as the standard of comparison.

## THE GANGLIONIC CENTRES IN BRIGHT'S DISEASE.—

Da Costa and Longstreth have reached the following conclusions in summing up the researches in Bright's disease:

1st. In Bright's disease there exists a constant lesion of the renal plexus.

2d. This lesion is probably the cause of the renal malady, and precedes the degenerative changes.

3. The diseased condition of the ganglia furnishes the clue.

INTERMITTENT FEVER.—Dr. Gibbons recommends the use of *iodine* after the anti-periodic effect of *quinine* have been produced. The *iodine* kept up for several days in small doses produces its specific action on the hepatic viscera, and aids the system to throw off the seeds of malarial poisoning.

FAURE'S SECONDARY OR STORAGE BATTERY FOR MEDICAL USE.—Dr. George Buchanan (*British Med. Jour.*, vol. L., p. 914) is the first practitioner to have used the new storage battery, the invention of which was hailed with so much enthusiasm by Sir William Thompson, the physicist, a month or so ago. The new battery consists of a cylindrical vessel of lead, nine inches high and five inches in diameter, with a leaden bottom, but open at the top; in this is packed a kind of cushion which has the power of absorbing electricity. To this vessel are attached the poles of a working battery; and so long as the connection is maintained, the vessel accumulates the electricity flowing into it. When charged, it can be detached from its connection and kept for a long time, or carried from place to place, like the jars of compressed carbonic oxide used for anæsthetic purposes. When required for use, the cushion—which should always be kept moist—is wetted with dilute sulphuric acid, and wires connecting are attached to its poles, when it is converted into a powerful battery. Dr. Buchanan has recently removed a nœvoid tumor of the tongue by means of this battery, using a platinum wire *ecraseur*. It can be managed without the least difficulty.

THE EXCITING CAUSES OF HYSTERIA AND HYSTERO-EPILEPSY.—At the International Medical Congress, a paper was read by Dr. Graily Hewitt, the object of which was to demonstrate, by the results of clinical observation, that, in cases of hysteria and so-called hysterio-epilepsy, the exciting cause of the attacks was distortion of the uterus, produced by flexion of the uterus upon itself, either forwards or backwards. The attacks were the results of reflex irritation, the irritation consisting in the physical compression and tension of the tissues of the uterus consequent on the forcible bending of the body of the uterus on the cervix. The evidence offered by the author in support of this explanation was the recital of 18 cases, observed by him during a period of ten years. In all of these marked distortion of the uterus was present, the most severe cases being those in which the uterine distortion was greatest. Complete relief from the attacks and hysterical symptoms was obtained in these cases, by a treatment directed to the removal of the uterine distortion.

BUTTERMILK IN CHRONIC CYSTITIS.—A correspondent of the Louisville *Medical News* writes as follows: Under the head of *lactic acid* in chronic cystitis, in a recent number of the *News*, I was impressed with your suggestion to try the use of copious draughts of buttermilk alone. Having on hand a case of chronic gonorrhœal cystitis that has resisted all the usual methods of treatment, I at once discontinued all other remedies and directed the free imbibition of buttermilk. At my next visit, four days afterward, I had the satisfaction of finding the patient well, and at present writing there has been no return of the symptoms. As the results in a single instance are not conclusive, I would urge our professional brethren to give this simple remedy further trial.

CURE OF ANGINA PECTORIS.—Dr. J. H. Brace, of Cumberland, Md., writes to the *Amer. Hom.* (Aug., 1881) that four years ago he was called to a young lady suffering from a severe attack of angina pectoris. She had been subject to similar seizures for ten or eleven years, and they were steadily growing worse and more frequent, although she had been treated by all the physicians (allopathic) of the town. Dr. Brace administered a dose of *arsen. alb.* 3x trit., upon first seeing her. Almost immediately, the acute symptoms disappeared. They never came back; no more medicine was given; and from that day to this she has not had the slightest intimation of any functional trouble, nor another attack of angina pectoris.

**OCULO-PUPILLARY PHENOMENA IN HYSTERO-EPILEPTICS.**—M. Ch. Féré (*Le Prog. Méd.*), in studying this question has found that ovarian compression modifies the dimensions of the pupil at the same time that it influences the evolution of the symptoms. This is valuable in a symptomatic point of view, and also as furnishing a valuable test for the detection of cases of simulation.

In hysterics with hemianesthesia, the phenomena of achromatopsia, whether complete or partial, are known as well as the degree of correlation which exists between the degree of contraction of the visual field and the degree of this achromatopsia; the point developed in the present study is the relation between the conjunctival and corneal sensibility and the special sensibility of the ovary.

From numerous observations by the writer, the fact results that those who have lost the vision of one or more colors and have a narrowing, with more or less regular proportions, of the visual field, have lost the conjunctival sensibility, and that those who have a complete achromatopsia with a visual field almost entirely gone have lost the sensibility of the conjunctiva and cornea. The oculo-palpebral reflex cannot be produced except by the excitation of the retina, which, notwithstanding the loss of perception of colors, has preserved the distinction between light and darkness; besides, the provoked transfer as a counter-proof, gives similar results. There is then in hysterical hemianesthesia, a constant relation between the superficial or cutaneous insensibility, and the deep or sensorial insensibility, and this constant relation exists not only when the anesthesia extends to one-half of the body, but also when it is more or less limited. What is true of the eye, is also true for the hearing, smell and taste; these facts seem to indicate that there exists, in undefined regions of the brain, sensitive centres common to the organs of sense and to the integuments which cover them.

The author has also sought for new analogies between the hemianesthesia of hysteria and that due to cerebral lesion. In this latter affection he has seen that those who were affected with sensitiveness of the external members of the eye, presented at the same time visual troubles, either of achromatopsia, lateral contraction of the field of vision, or amblyopia intercrossed and reciprocal. The importance of this relation is understood when we consider that the coincidence of the two forms of anesthesia would permit, in limited anesthesia with hemiopia, the elimination from the diagnosis of the existence of an alteration in an optic fibre capable of producing a hemiopia without superficial anesthesia.

During the attack M. Féré has noticed the insensibility of the external members of the eye. M. Bourneville had noticed dilatation of the pupil, and M. Richet had seen contraction or dilatation according to the case. M. F. had observed very interesting spontaneous movements in the iris. In the beginning the pupil contracts and remains so during the whole of the tonic period, it is widely dilated during the more powerful movements but when the delirium and impassioned positions occur, the pupils present an alternated state of dilatation and contraction which seems to be due to the necessary movements of accommodation provoked by the varying distances of the objects or persons which figure in the hallucination.

In persons where the attack occurs at irregular intervals, or where some part of the paroxysm is wanting, the examination of the pupil may be also of service. In one case where the attacks were incomplete and consisted only of powerful movements with opisthotonus, a very marked pupillary contraction was noticed constituting a sort of transient epileptoid symptom; this was observed before any tonic contraction could be detected. (T. M. S.)

**EMETINE AND ATROPINE.**—MM. Grasset and Amblard (*Le Prog. Méd.*), give the following conclusions from an experimental study of the action of these remedies upon the heart of the frog.

*Emetine* injected under the skin or instilled upon the surface of the heart, lessens the beats of the heart.

*Atropine*, contrary to the marked acceleration of the pulse which it causes in the mammifera, lessens the cardiac contractions.

Notwithstanding this apparent synergetic action of the two substances, there is an antagonism between them.

*Atropine* quickens the heart when rendered slow by *emetine*. To prove this it was necessary to lower the beats of the heart by a small dose of *emetine*, then instil the *atropine* upon the heart, as soon as the slower action is produced.

Taken alone, *atropine* and *emetine* seem to have rather a similar than an antagonistic action upon the healthy heart, nevertheless the *atropine* reaccelerates the heart rendered slow by the *emetine*.

M. Laborde wished to know the dose of the *atropine*. It was important to be accurate upon this point, for it was well-known that this alkaloid absorbed in small quantities has the property of slowing the heart's action, while a stronger dose accelerated the heart by suspending the functions of the pneumogastric. T. M. S.

**PSORIASIS FROM BORAX.**—Dr. W. R. Graves (*Lancet*, Sept. 24, 1881) is authority for the following statement: In the case of a man who had taken borax for nearly two years, in the doses of first 15 grains and then a scruple three times daily, for obstinate epilepsy, an eruption of psoriasis made its appearance on the limbs and trunk, developing to a considerable degree in the course of a few weeks. Shortly afterwards Dr. Graves was informed of a precisely similar instance in the practice of another physician, and a third case has lately come under his own notice. The eruption in these cases occurred on the trunk, arms, and legs, but more on the arms than elsewhere. The face was free. It was located on both the flexor and extensor aspects. The patches varied in size, up to an inch and a half in diameter. Their appearance was quite characteristic, but the scales were not so thick as they sometimes are in ordinary psoriasis.

**BICARBONATE OF SODA IN TONSILLITIS.**—(*La Presse Méd. Belge*, July 17, 1881.) Dr. Giné, Professor of Clinical Surgery at Madrid, states that bicarbonate of soda, employed topically and repeatedly to the tonsils, is of incontestable efficacy in quinsy. The remedy may be employed by insufflation through a paper tube, or may be applied by the finger, even by the patient himself. Dr. Giné has rapidly cured dozens of cases by this procedure, but he especially recommends it in the prodromic period to abort the disease. In no single case was the application entirely without effect; most commonly a cure was obtained in twenty-four hours. Alleviation took place, ordinarily, at once. In none of his cases was it necessary to wait long for relief.

**EXPRESSION OF THE FÆTUS.**—Mention is made of the method of expression of the fœtus in vogue among the Japanese, Siamese, Digger Indians, Mexican Indians, Kalmucks, etc., and lately advocated by Prof. Biäder, of St. Petersburg, who reports eighty-one cases in which the results were more favorable than in forceps cases. The various procedures are fully described in the paper, which will amply repay the student's careful study.

**PALATABLE QUININE.**—Dr. E. R. Dodson (*Maryland Med. Jour.*) states that the unpleasant taste of quinine is largely ameliorated by giving it in Liebig's liquid extract of beef. He says that when this preparation of beef is given before the quinine, it appears to prepare the stomach for its reception.

**THE IMMEDIATE ARREST OF BLEEDING FROM THE NOSE.**—John Kent Spender, M.D., in the *British Medical Journal*, says: "An improved instrument is described in Mr. W. Spencer Watson's book on 'Diseases of the Nose and Its Accessory Cavities.' It consists of a gum elastic tube about five inches long, with lateral perforations near the end, and covered with thin caoutchouc membrane in the form of a spirally twisted bag for the last three or four inches of its length. To use it, the membranous bag is smoothly folded over the continued tube, and the whole being oiled (diluted glycerine is better), is passed along the floor of the nares until it reaches the pharynx. The bag is now inflated, and if a stop-cock is fitted the air is kept in by turning it as soon as sufficient tension is obtained.' The cavity of the twisted bag could be injected with water if it were desired, but I have never found this necessary. The object of this brief communication is to recommend Dr. Rose's instrument for (1) facility of introduction; (2) the extent and evenness of the inflated area; (3) and the possibility of its remaining *in situ* for thirty-six or forty-eight hours, when it may be gently removed, and the hemorrhagic nostril can be syringed with some cold astringent fluid for purposes of cleanliness and the washing away of blood debris."

**NEW DISINFECTANT.**—A new disinfectant has been introduced in Australia, composed of one part of rectified oil of turpentine and seven parts of benzine, with five drops of oil of verberna to each ounce of the mixture. Its purifying and disinfecting properties are due to the power possessed by its ingredients of generating peroxide of hydrogen or ozone. Articles of clothing, furniture, wall-paper, books and papers may be saturated with it without damage. When it has once been freely applied to any rough or porous surface its action persists for an almost indefinite period. This may be shown readily at any time by putting a few drops of a solution of iodide of potassium upon the surface which has been disinfected, when the ozone, which is being continually generated, will quickly liberate the iodine from the combination with the potassium, giving rise to a yellow discoloration, or a blue if boiled starch has been added to the iodide of potassium solution.—*Southern Med. Record*.

**MENSTRUATION DURING PREGNANCY.**—The possibility of true menstruation occurring during gestation is considered doubtful by Levy, of Munich, who found, in a number of cases examined, that pathological conditions existed, such as ulceration, laceration of os, syphilitic ulcers, varicose degeneration of the vessels of the cervix. The cases reported are too few to settle this important point, the possibility of super-fecundation (Leishmann) being accepted by most writers, whence ovulation and its sign, menstruation, are also possible.

**LIQUOR SODÆ CHLORINATÆ**, one part to a hundred of water, is said to be an excellent agent for injection in cases of urethritis where the intense burning during micturition is caused by the abnormal acidity of the urine. It is claimed to be harmless in respect to the various sequelæ which often accompany other means of this class.

**PILOCARPIN AS AN ABORTIFACIENT.**—A case of premature labor at seven and a half months, induced by pilocarpin, is reported by Dr. Wilmart (*La Presse Médicale Belge*). The third of a grain was injected subcutaneously every four hours for two days. On the third day a dead child was born.

**MANY** cases of abortion are made serious by over-treatment, by too early instrumental interference; and this result is accomplished by the routine use of *ergot* as much as by any other means.—*Pacific Med. and Surg. Jour.*

**HISTOLOGICAL ANATOMY OF HYPERTROPHIED TONSILS.**—M. Cornil (*Le Prog. Méd.*) gives the following: 1. A sclerosis of the intra-glandular connective tissue, with thickening of the vascular walls. 2. A special alteration of the closed follicles, consisting of a condensation of the cellular tissue, and an increase of volume, with fatty granular alteration of the leucocytes contained in the meshes of the tissue. Hypertrophy of the tonsils has been considered, and justly so, to be a result of scrofula. If this is so the anatomical definition of scrofula, as given by M. Grancher, should be remembered. According to this author embryonic tissue characterize, in a certain degree,—or at least constitute—scrofulous productions. Now we see from the above that tonsillar hypertrophy is marked by any other condition rather than the simple tissue of granulation. (T. M. S.)

**PREVENTIVE VACCINATION FOR ANTHRAX.**—A flock of 35 sheep, of which 19 had been previously vaccinated by M. Pasteur, and 16 had not, were inoculated with the blood taken from a sheep which had died, in consequence of anthrax, about twelve hours before; each animal received ten drops of this poisoned blood. On the next day it was noticed that not one of those who had been previously vaccinated seemed to be affected, while, of the 16 unprotected ones, 10 were dead, while 5 died later, only 1 surviving. At the autopsies, all the lesions of anthrax were found to be present. The vaccinated sheep remained throughout unharmed. It remains still to be discovered how long this vaccination will give immunity. (T. M. S.)

**A STUDY OF CHILDREN'S TEETH.**—For two or three years Dr. Samuel Sexton has been engaged in an investigation of the teeth of school children, with special reference to the influence of decayed teeth upon the sight and hearing of children so afflicted. The investigation was suggested by the almost constant occurrence of defective teeth in cases of inflammatory diseases of the eye and ear. Dr. Sexton finds that troubles with the eye and ear are often traceable to defective teeth, and he regards irritation of the maxillary limbs of the fifth pair as among the principal causes of the progressive near-sightedness of school children, as observed by Drs. Agnew, Loring, Parke Lewis, Kohn, and other ophthalmologists.—*Scientific American*.

**USELESSNESS OF ANTISEPTICS IN OCULAR SURGERY.**—In a report of his seven hundredth case of cataract extractions, Dr. H. Knapp (*Arch. of Ophthalmology*, September 1, 1881) says: "I freely confess that the advocates of antiseptics in eye-surgery have thus far failed to convince me of the utility of their varied procedure, and I do not think it incumbent upon me to waste time by what I consider to be superfluous complications of treatment. For two years and a half I had no case of suppuration after any operation on the eye-ball, but three occurred lately. I think the statistics of those who use antiseptic means are no better."

**HOMŒOPATHY IN YELLOW FEVER.**—"Homœopaths," says the *Echo*, "will be interested to learn that homœopathy is supplying the best cure for yellow fever. Writing from Barbados, a correspondent says: In sixty-one cases treated by homœopathy, only one proved fatal, and that simply on account of the medicine not being properly administered."

**CANCERS.**—According to Herbert Snow, who has made the study of cancers a specialty, hereditary tendency as a predisposing cause is almost valueless, and should be altogether ignored in practical diagnosis. Mechanical injuries directly produce cancer in only a small percentage of cases; mental trouble and hard work are the most potent agents in its production.



**COLLEGE COMMENCEMENTS.**—The Cleveland Hom. Hospital College has recently graduated fifty-two students from a class of one hundred and thirty-one in attendance, a large proportion of which were in the three years' course. The system of prematriculate examination is claimed to have had excellent results, as shown by the character of the students admitted and by the high general average standing of the majority. There was a profusion of prizes.

**THE N. Y. HOM. MEDICAL COLLEGE** graduated thirty-six from a class of one hundred and forty-six. Prof. Dowling, the Dean, in his address stated that the Trustees and Faculty of the College would gladly second the effort to organize a State Board of Examiners, provided it could be fairly constructed, so that injustice to any would be impossible. Several prizes were awarded to meritorious students.

**HAHNEMANN MED. COLLEGE AND HOSPITAL** of Chicago conferred its diploma upon one hundred and seven candidates, out of a class of two hundred and sixty-two students, with a host of prizes.

**THE HOM. MED. COLLEGE** of the University of Iowa graduated fifteen candidates at its fifth Commencement.

**HOMŒOPATHIC DECEPTION.**—At a recent meeting of the Alumni Association of the Philadelphia College of Pharmacy "numerous instances were given and innumerable more might have been where *quinine* was given by homœopaths in two to five grain doses, *podophyllin* in doses of one-fourth of a grain." "Is it not time," says the *Pacific Medical and Surgical Journal*, "for these homœopaths who lay claim to honesty, even if they possess the fortieth dilution, to throw aside the mask?" Is it not time for editors of allopathic journals to so far acquaint themselves with the rudiments of homœopathy that they will not stultify themselves with such unmitigated trash as the above statement? It is lamentable to see men professing to be not only scientific but gentlemen, stamp themselves by such utterances as either grossly dishonest or ridiculously ignorant.

**IMPROVED MEDICAL ETHICS.**—Under this caption, the *Sanitarian* says, editorially, that the "new code" abrogates the chief bone of contention among medical practitioners of different schools, and claims that the organization of mixed Boards of Health—which have worked harmoniously and done excellent work—have paved the way for this important step. We are glad to see that the general public takes so much interest in the subject, and we surmise that it will not be long before the American Medical Association will be compelled to follow suit.

**THE Physicians' and Surgeons' Investigator** says: "THE NEW YORK MEDICAL TIMES has a monthly store of choice medical thought, unsurpassed in amount and quality, which the *live* physician cannot afford to lose. Its platform is *rational*, and it is not exclusive in its principles, although it decidedly favors homœopathy."

OUR esteemed colleague, Dr. F. B. Mandeville, has been appointed by the city government Chief Health officer of Newark, New Jersey. An excellent appointment most worthily bestowed!

**DR. A. P. WILLIAMSON**, Chief of Staff, reports 737 patients treated during February, at the Homœopathic Hospital, W. I., with a death rate of 3.30 per cent.

**WESTERN ACADEMY OF HOMŒOPATHY.**—The next annual convention will be held at Kansas City, June 20, 21, 22.

A MEDICAL college for women has been established at Baltimore, with an able corps of teachers.

**HOSPITALS.**—The most frequent error made in regard to hospitals is that these institutions are the creation of Christianity, and that to its beneficent functions solely has the infirmity and the disease of the world been indebted for such charitable relief. The most distinguished writers and speakers have before the public, eulogized these noble institutions, and ascribed their creation and multiplication to the representatives of Christianity. Mr. Huxley refutes this popular and widespread fallacy, and ascribes the first existence of hospitals to the very morning of medicine; to the days of *Æsculapius*, and the *Æsclepiades*. Mr. Huxley does not hesitate to attribute to this remote era the first creation of the hospital, and he gives such proof that no one can doubt his accuracy or fidelity. It is remarkable, however, that this great teacher did not go still farther back into the dawn of history, and show that, centuries before the Christian era, hospitals existed in India and in Egypt.—*Gaillard's Med. Journal*.

**COMPREHENSIVE ORTHODOXY.**—Says the *Virginia Medical Monthly*, November, 1881: "The 'regular profession' recognizes only those means or methods which promise cure to the patient. Whether the agents to be administered be ordinarily given in large or small doses; whether or not they are generally considered to be agents of no therapeutic importance, or of even toxic effect; whether or not it be a drop of water or a pellet of cobwebs, if it cures the disorder, it is the remedy to be used; in other words, remember that the 'regular profession'—the mis-styled 'allopathists'—have a legitimate right to use *anything* in the treatment of disease that experience, observation or experimentation has proven or even rationally suggested to be curative."

**EFFECTS OF ELECTRIC LIGHT ON THE EYESIGHT.**—M. Nodier mentions in the *Revue Scientifique*, December 10, 1881, the instance of two naval officers, who, after some experiments with the electric light, were attacked with quite serious visual troubles; there was marked photophobia, slight conjunctivitis, lachrymation, contraction of the iris, and flying spots in the eyes.

**PERSPIRATION OF THE FEET.**—Dr. F. E. Maine, of Philadelphia, relates several cases of successful treatment of fetid perspiration of feet by bathing the soles with *chloral hydrate*, twenty grains to three ounces of alcohol and putting on the stockings while the feet are wet.

**THE N. Y. OPHTHALMIC HOSPITAL REPORTS FOR FEBRUARY:** Prescriptions, 4,238; new patients, 651; resident, 26; average daily attendance, 184; largest, 254.

**GLYCERITE OF PEPSIN** has been used as a solvent of diphtheritic membrane. The solution warmed to 110° is best used in the form of spray.

AN accident omitted the title page to Vol. IX. from our last, and it will be found herewith.

THE bills in blank found with this issue, are intended only for those who have not already remitted the amount of subscription!

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